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The newsweekly for pharmacy

September 28, 1991

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**CHC gives
pharmacy the
'thumbs up'**

**NAO surveys
1,000 outlets**

**DoH offers 1992
research grants**

**Inspector visit
warning is 'PR'**

**Novo buy BNP
as Booker exit
health market**



**Catching up on
colostomy**

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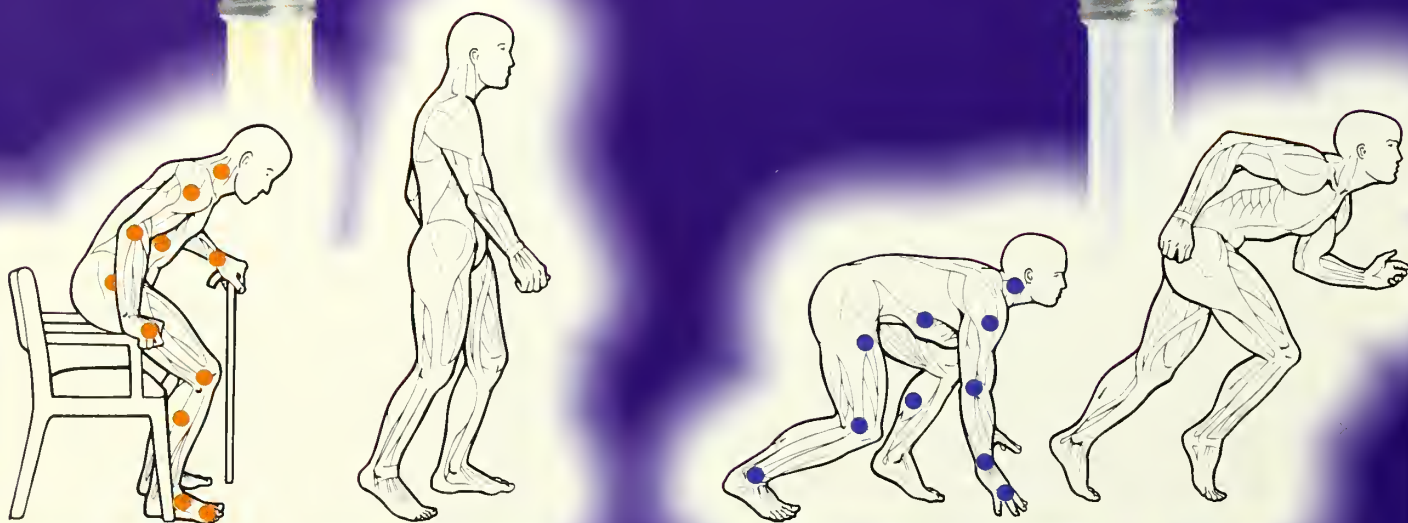
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Bureau of Circulations

Suffolk CHC finds rural pharmacy it opposed now valued by community 504
Survey raises questions about CHC's role in rural areas, says Debenham pharmacist Gordon Smith

DoH offers community practice research grants for 1992 504
Grants up to £15,000 available in England under Enterprise Scheme

National Audit Office sends out questionnaires on pharmacy services to 1,000 shops 505
Summarised results to appear in report to Public Accounts Committee next Spring

Shire cleared of false trade description charge 507
Union Jack on pack does not imply UK manufacture

Catching on to colostomy and incontinence 533
C&D looks at the products and controversies over their supply

Warning of inspectors' visits 'ill-conceived': Appelbe 539
Clitherow calls for peer audit at Lines LPC Conference

Novo subsidiary buys BNP for £11.4m 543
Booker completes withdrawal from UK health products market

Medicopharma seeks UK wholesaling partner 544
Basely says Dutch Press reports "incorrect"

Business and the economy — signs of recovery 545
Stabilisation in key areas points to upturn in second half of 1992

REGULARS

Topical reflections	509
Prescription specialities	510
Counterpoints	514
Questions and Answers	528
Statutory Committee	542
Letters	542
Business news	543
Coming events	544
Classified advertisements	546
Business Link	549
About people	550

Comment

The results of the Suffolk Community Health Council survey into the value Debenham townspeople place on the full pharmaceutical service that has been theirs since March 1989 is both refreshing for pharmacy and revealing for the community (p504).

CHCs are supposed to represent the interests of patients, particularly to those who provide community services within the NHS. Suffolk CHC originally opposed the provision of a full pharmaceutical service to Debenham, presumably because it perceived such a service was not in the patients' ultimate interest. Back in 1986, the people apparently felt that way too, possibly as result of local GP propaganda. What a difference there is between prejudice, perception, and reality!

People in the CHC-run survey give Gordon Smith's pharmacy and his own personal service a resounding thumbs up. The CHC says Mr Smith has established an "excellent relationship with his customers". He has a small but *well trained staff* — one full-time and one part-time assistant. Together they are a tight-knit team, familiar to their customers on an individual basis. In such circumstances of respect and trust, familiarity breeds quite the opposite of contempt!

Some 85 per cent of pharmacy users surveyed asked the pharmacist for advice. That advice, in the words of the CHC,

is "on a wide range of topics". Apart from routine medicine counselling, subjects of concern to customers spanned "elderly relatives", "son's exam nerves", and the use of incontinence pads (see feature p533). And comments on the pharmacy from individuals are almost universally favourable: "pharmacist has time to talk when questioned", "marvellous service", "knows so much", "nicely stocked"... and so on.

The key seems to be that the pharmacy, its staff and its stock are on hand, six days a week, offering a personal and tailor-made service for the village. The quality, personality and training of the staff are paramount. C&D has heard of an instance where a pharmacist, who gives a front-of-shop advisory service, handing in and giving out all prescriptions after checking the work of dispensing assistants, has found prescription and counter turnover reduced by 25 per cent when illness forced a prolonged absence from the pharmacy. A locum with a different personality and pharmaceutical credo and commitment, cannot relate to customers and staff in the same way as a proprietor. And many an independent believes he or she has a similar edge over the multiple business.

Perhaps Suffolk CHC, and others, will now approach pharmacy contract applications — rural and urban — more positively in future.

Rural pharmacy gets Suffolk CHC approval

Suffolk Community Health Council may be forced to change its view of the demand for pharmacies in rural areas after surveying customers in Debenham three years after a pharmacy opened in the town.

The survey found the majority of people value the pharmacy and the services provided. "Respondents seek the pharmacist's advice on a wide range of health topics. Mr Smith, the owner and resident pharmacist, seems to have established an excellent relationship with his customers," the CHC says in its conclusions to the survey.

When pharmacist Gordon Smith applied to Suffolk Family Practitioner Committee to open a pharmacy in Debenham in late 1986, his application was opposed by the local community, the GPs and the CHC. An appeal by the GPs after the application was granted was dismissed by the Secretary of State and the pharmacy opened in June 1988, with dispensing services from March 1989. It is now open for six days a week and operates a collection and delivery service.

Some 158 people responded to the survey, which was undertaken by CHC members and the assistant secretary in late May/early June this year at Mr Smith's request. Half said they used the pharmacy once or twice a week and a further 30 per cent said once a month; 60.7 per cent said they obtained both prescriptions and other items, while 84.8 per cent said they ask the pharmacist for advice.

Gordon Smith says he was "surprised" to find the CHC opposing his application when he first put it forward. But, he says, since then he has noticed that every time a pharmacy is proposed in a rural area, the CHC opposes the move.

"I suggested they look at a pharmacy that had been established for a few years which they had opposed and they took me up on that. I wish other CHCs would do the same, and even Suffolk survey a few more, because they would get the same results."

Mr Smith says the outcome of the survey raises questions about the CHC's role. "Do they represent the views of the public on health matters or the public interest?" he asks. "If they represent a public opinion, they are always going to be opposed to a new pharmacy because they only hear the medical side saying existing services will be lost."

A full comment from Suffolk CHC was not available as *C&D* went to Press, but a spokeswoman did say the results of the survey will assist the CHC in future deliberations.

Asked whether they had been

for or against the pharmacy when it was proposed, 50 people (31.6 per cent) said they were originally for and 32 (20.3 per cent) were against. Of these, 22 out of 28 who commented have changed their minds, while the other six voiced their opposition to the "running about" involved in getting prescriptions dispensed compared

with the previous system.

A table showing the sort of advice pharmacists were asked for reveals the normal lot of community pharmacy — requests for advice about coughs, colds, medication for acne, indigestion, backache and blood pressure, and including subjects like photography and cat deterrents for the garden.

Dundee pharmacy blown out

The fire brigade has been called to incidents in two pharmacies this month — one an accident and one believed to be arson.

Fumes from a Chinese takeaway caused an explosion in the Macalpine Pharmacy, Dundee, Angus, where the suspended ceiling came down along with all the light fittings, in the middle of the night. The main display window was shattered.

"It was just as if a bomb had gone off," says pharmacist Robert Marr, who was called to the scene by police after his shop alarm went off. Fumes from the takeaway had built up above common roof space between the two premises and exploded above the pharmacy.

Staff collected and handed out

prescriptions from the shop door for most of the next day, but trading resumed normally by late afternoon. Luckily damage to stock was not extensive and the dispensary was relatively unscathed. "Customers were very grateful to be able to have their prescription dispensed," says Mr Marr.

Elsewhere, two wheelie bins were set alight behind the newly refitted Leighton Buzzard branch of Savory & Moore, causing damage to the staff room. Fire doors prevented more extensive damage, says pharmacist Margaret Stewart.

Police have described the fire as arson — one of several incidents that have recently occurred in the area. "Wheelie bins don't just catch fire themselves," they say.

Nurses plan advisory role

A leading member of the nursing profession told journalists last week that she saw the nurse's role extending to giving advice on medicines.

Barbara Vaughan, programme director nursing developments, Kings Fund Centre, said that good nursing encompassed telling patients what their medicines were for, when they should be taken and making sure that patients could remove the tops from the containers.

Speaking at the Ciba-Geigy/Medical Journalists Association symposium, Ms Vaughan said that improving compliance would be cost-effective because it would reduce the number of patients re-admitted to hospital after taking their medicines incorrectly.

The Kings Fund Centre has been given the responsibility of managing the Department of Health's funding for nursing developments and role expansion.

PGC to seek opinion on canvassing rules

The Pharmaceutical General Council in Scotland is to seek the opinion of legal counsel over whether a wider form of advertising might be a breach of the terms of service as it could be considered to be canvassing for prescriptions.

At its most recent meeting, the Standing Committee discussed reaction to the PGC statement advising that pharmaceutical services could be advertised only to the extent allowed by regulations.

PSNC has obtained an opinion which suggests a much wider range of advertising is allowable.

The Committee noted that there seemed to be a difference of opinion either side of the Border.

The costs of migraine

Sickness absence from work due to migraine could be costing the national economy more than £200m a year, according to a report published by the Office of Health Economics this week. Yet costs to the NHS are relatively small at an estimated £23m a year, and the majority of attacks are suffered without consulting a doctor.

Estimates suggest that migraine affects between 7-10 per cent of the population, with twice as many women sufferers than men. Women also seem to be more severely affected by their attacks — in one study quoted 57 per cent of men, but only 41 per cent of women, were able to continue their normal daily activities despite a migraine.

The report concludes that migraine has been a relatively neglected subject as it does not cause death or permanent disability. "Migraine" by Dr J.N. Blau and Professor M.F. Drummond, is available from the Office of Health Economics, 12 Whitehall, London SW1A 2DY, price £3.00.

DoH offers 1992 practice research grants in England

Practice research grants of up to £15,000 are on offer now in England under the Department of Health's Pharmacy Practice Research Enterprise Scheme 1992, launched this week.

The grants are funded as part of the commitment made to pharmacy practice research in the primary health care White Paper "Promoting Better Health". They are open to every pharmacist resident in England, regardless of

which sector of the profession they are involved in, though the DoH is looking for research proposals that examine any aspect of the pharmaceutical service in the community or primary care sector. For the purpose of the Scheme, practice research covers observational as well as experimental studies with all relevant methodologies.

Applications for sums in excess of £15,000 are unlikely to be

considered, the Department says, adding that projects requiring small sums will be considered alongside more ambitious projects.

The closing date for applications, which must be made by the pharmacist who intends to do the work, is December 16, 1991. Forms and further information are available from Mr G Clarke, Room 124A, Portland Court, 158-176 Great Portland Street, London W1N 5TB.

Free competition for dispensing 'not NHS policy'

"Free competition for dispensing is not consistent with the key policy contained in the NHS Act... that dispensing by doctors is only allowed as an exception to the general rule..." — words from a letter from Health Secretary William Waldegrave to Michael Heseltine that has been circulated to Oxfordshire pharmacists.

Lincolnshire LPC secretary Noel Baumber quoted them in his annual address to the LPC's conference, as "the clearest view of the Government's thinking on dispensing".

Mr Baumber said Mr Waldegrave also gave his support in the letter to retaining the one mile rule: "I cannot see how you can construct a level field on which doctors and pharmacists could

compete on equal terms for dispensing business.

"The only real alternative to the current policy of quite openly preferring a division of responsibility between prescribing and dispensing wherever possible would be to say, in effect, that where doctors are happy to dispense, pharmacies are not necessary. Such a policy would be totally contrary to that adopted in most European

countries where... dispensing by doctors is virtually non-existent."

In his annual report, Mr Baumber mentioned dispensing doctors' reluctance to collect and remit prescription charges. "We may be reluctant but, nevertheless, we are responsible for paying prescription tax."

He said that in Lincolnshire, prescription tax levied by pharmacists amounted to 9.4 per cent of the net ingredient cost of the drugs, as compared with 6.3 per cent for dispensing practices.

Mr Baumber said this represented an apparent under-collection of roughly £309,156. Rural GPs were asked to collect charges and send them in to the FHSA.

The pointer to the future which disturbed the Pharmaceutical Services Negotiating Committee, Mr Baumber said, was the provision within a surgery of facilities for a pharmacy. "It may be convenient for the patient, it may be hard to resist when the empty shell beckons, but it will be a struggle for survival for the contractor with little chance of ever owning title to the property."

● Lincolnshire FHSA is looking to employ as consultants one, or possibly two, pharmacists. General manager John Gilmore told the conference that he wanted to employ a pharmacist as advisor to the FHSA on prescribing issues.

Afterwards, he told C&D the FHSA already employed a raft of professional advisors as consultants on a part-time basis — two GPs, a dentist, a social worker, and two full-time nurse advisors.

Additionally, Mr Gilmore said nine GPs were used by the FHSA to visit practices and provide a form of medical audit. The FHSA paid them a fee for every practice visited. The scheme costs Lincs FHSA £100,000 a year. Mr Gilmore said he was considering using a pharmacist on a similar basis.

NAO survey seeks views from 1,000 pharmacies

The National Audit Office is sending questionnaires to a randomly selected sample of 1,000 community pharmacists this week.

The purpose of the survey is to find out community pharmacists' views on a number of important issues. The summarised results will appear in the Comptroller and Auditor General's report to Parliament on community pharmaceutical services, which is due to be published next Spring.

The NAO is urging community pharmacists to complete the questionnaire so that the report may reflect their situation accurately. In the past the Committee of Public Accounts have taken "a keen interest" in such surveys, it says.

The survey asks general questions about type of store, location, and number of employees before seeking views on the control of entry regulations, the services the pharmacy provides, the future role for community pharmacy, training needs and the level of remuneration and NHS provision.

The questionnaire has been designed to minimise the burden on pharmacists: it should take no longer than 20 minutes to complete, the NAO says. The Royal Pharmaceutical Society of Great Britain, the Pharmaceutical Services Negotiating Committee, the National Pharmaceutical Association and the Department of Health have been consulted on the purpose and content of the questionnaire.

The NAO study is focusing on the current proposals on the role of community pharmacists, remuneration and reimbursement arrangements and accessibility.

The NAO, headed by the Comptroller and Auditor General, Sir John Bourn, is totally independent of government. The Comptroller and Auditor General certifies the accounts of all government departments and other public sector bodies. He has statutory authority to report to Parliament on the economy, efficiency and effectiveness with which they use their resources.



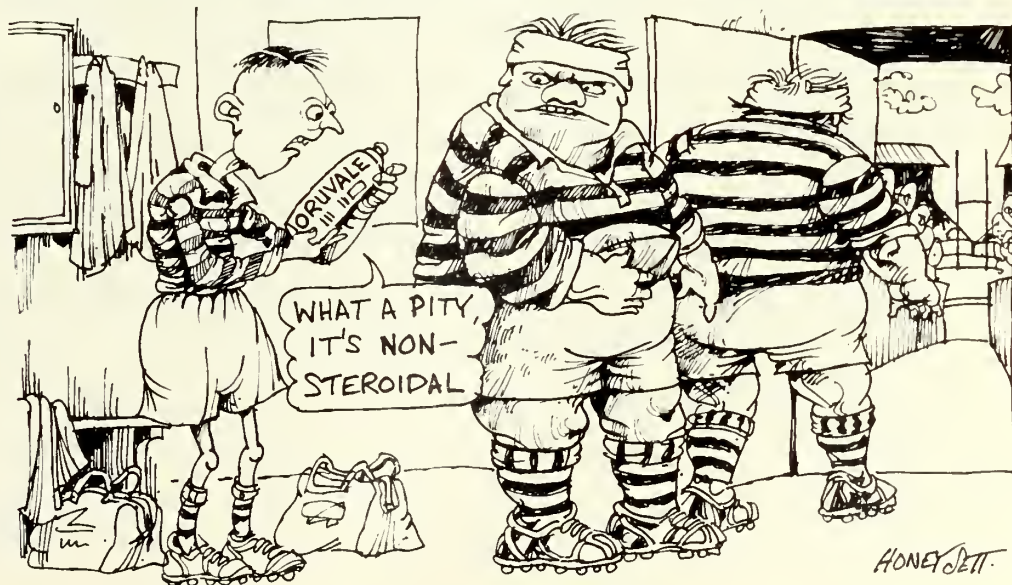
Noel Baumber

Prison plans go ahead

The Prison Service will be acting on proposals that its medical service should be widened to that of a Prison Health Service, according to a Government White Paper published last week. There will be close consultation with the Department of Health and the NHS over the next 12 months, with detailed consideration of the resource implications and practical issues for both prison and NHS staff.

An efficiency scrutiny in 1990 proposed substantial reform of the Prison Medical Service and concluded that it should become much more closely aligned to the NHS, that it should reflect NHS developments in health promotion and that the service should purchase under contract from the NHS (or other providers) the full range of health care services required.

The Government has already accepted in principle some of the key recommendations of the Scrutiny Report, in particular that the role of the Prison Medical Service should be widened to that of a Prison Health Service, and that a Health Advisory Committee should be appointed to advise on health care. "Custody, care and justice: the way ahead for the Prison Service in England and Wales" (HMSO, £11.20).



See Prescription Specialities p510

IMPORTANT NOTICE

**from Kabi Pharmacia regarding Micturin.
The following letter has been sent
to all registered pharmacists.
(Issued 13th September, 1991).**

MICTURIN TABLETS (Terodiline HCL) 12.5mg and 25mg and serious cardiac events – withdrawal from the market.

We write to inform you as of today Micturin is temporarily withdrawn whilst further safety evaluation takes place.

We are advising doctors to identify all patients currently on Micturin immediately, with a view to termination of treatment with Micturin as soon as practicable.

In the replacement of Micturin with an anticholinergic alternative treatment, the long elimination half life of terodiline should be borne in mind and consequently the time needed to wash out the drug from the system. On average this will be 2-3 weeks but in some cases may be as long as 6 weeks. We recommend caution in this respect.

You will have received a letter from the Committee on Safety of Medicines dated 25th July 1991 advising of a connection between ingestion of terodiline and serious adverse cardiac reactions. The letter indicates that the adverse reactions reported through the yellow card scheme include ventricular tachycardia (mainly a rare variant called torsade de pointes), bradycardia and heart block. The letter also indicates that the risk of arrhythmias is associated with certain predisposing factors.

However, cases of adverse reactions have continued to be reported, including fatalities. Whilst the association of these reactions with Micturin is still being evaluated, the company considers that patients should not be exposed to a risk, the degree, level and aetiology of which is uncertain. It has therefore been decided, on a voluntary basis, temporarily to withdraw the drug worldwide.

Accordingly, you are asked to return all stock through your normal wholesale source of supply who will credit you appropriately. Please note that Micturin was formerly marketed as "Terolin": some of this product may still be on the shelf.

Please note additionally that only original undispensed cartons will be reimbursed, including those which are part full. All returns by October 31st.

Telephone enquiries in relation to return of goods should be directed to:- Milton Keynes (0908) 661101 Extensions 3879, 3888, 3889, 3890 or 3891.

Kabi Pharmacia Limited
Davy Avenue
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MK5 8PH



Kabi Pharmacia

Lowestoft pharmacies collect and deliver

Around ten independent pharmacies in Lowestoft have joined together to offer a prescription collection service. Although the scheme has barely got off the ground, one pharmacy alone already has around 50 participants.

The patient signs a form in the pharmacy, authorising pharmacy staff to collect the prescription from the surgery until further notice. A duplicate copy is taken to the surgery where it is pinned to the patient's medical records.

"The surgery doesn't want to do anything extra; the less they're called in to do the happier they'll be," says a locum pharmacist in the Lowestoft area, James Edington. The patient therefore contacts the pharmacy themselves after requesting their repeat prescription from the surgery. The pharmacy collects the prescription from the surgery, dispenses it, and in most cases delivers.

At present, pharmacies are trying to incorporate the service with the usual running of the pharmacy, but in future it is likely that a pharmacy near the surgery will collect all the prescriptions and distribute to pharmacies, says Mr Edington. This will save time and the surgery will deal with one pharmacist.

Formation of "The Lowestoft Group of Private Pharmacies" to provide the service is the first time independents in the area have joined forces. "All could see a percentage of prescriptions at risk if they didn't," he says, referring to the proposed Boots service.

Fortnightly script pricing boosts PGC

A proposal by the Scottish Home and Health Department to introduce twice-monthly script collections from half the pharmacies in Scotland is being seen by the PGC as strengthening its hand on a request for earlier remuneration payments.

The Pharmaceutical General Council believes it has little alternative but to co-operate with the scheme, but will be stressing to SHHD the increased workload involved.

• Exceptional expenditure referred to by the Royal Pharmaceutical Society as justification for an 8.5 per cent hike in premises registration fees in 1992, should be "contained by better management" says the PGC. The Council considers the rise high in relation to current inflation and interest rates.

Shire cleared of giving false description by using Union Jack

A Midlands court has cleared a Hampshire pharmaceutical firm of a charge that it flew the flag on a foreign product and made purchasers believe they were buying British.

At Stourport Magistrates Court, Worcestershire last week, Shire Pharmaceuticals Ltd denied giving a false trade description by printing the Union Jack on cartons of Swiss-made diclofenac tablets — sold as Valenac — and so implying they were manufactured in Britain. The firm, of South Way, Andover, allegedly supplied the tablets to Mike Hadley Ltd of Load Street, Bewdley, Worcestershire, through Unichem.

Magistrates delivered a not guilty verdict after a two-day hearing brought by Hereford & Worcester County Council's trading standards department, which was alerted by

Mr Hadley, director and superintendent pharmacist.

Prosecuting, Mr Jonathan Price said the Valenac tablets were for rheumatism and arthritis and were manufactured by Lagap Pharmaceutical SA of Switzerland. On the carton label the flag was bigger than the firm's name and was printed closer to the product title. He said: "If the company can imply the goods were made in Britain it might increase sales."

Doctor Clive Prince, general practitioner at Bewdley Medical Centre, told the court he began prescribing the drug after seeing it promoted on a Shire Pharmaceuticals display at Kidderminster District General Hospital. He said: "What impressed me was the fact that there was a British flag on the board behind where the people were presenting

their wares. It meant this was a British company and it suggested to me it was a British product they were trying to sell. I believed, at that particular time, that I should support British industry."

Defending, Mr Kevin de Haan said the tablets came from Switzerland and were packed in Britain, but there was nothing on the labels to indicate where they were made. He said Mr Hadley really reported the matter last July because he wanted to dispense the tablets in their generic form. Mr de Haan said: "Pharmacists try to persuade doctors to prescribe generics because it is in their own personal interest to do so."

Shire Pharmaceuticals' technical director, Mr John Mountain, told the court the flag was not meant to mislead people into believing the tablets were a British product. "It is there to emphasise that our company is British. We are proud that we are a British company," he said.

Mr Mountain added the firm was not legally bound to state the place of manufacture.

The case was brought under the 1968 Trade Descriptions Act. Costs were awarded to Shire Pharmaceuticals.



Picture courtesy Hull Daily Mail

A Victorian celebration in Hull for the 150th anniversary

Staff of Hindle's pharmacy in Hull dressed up in Victorian clothes to celebrate the 150th anniversary of the Royal Pharmaceutical Society of Great Britain.

Despite the hot spell, pharmacist Mike Rymer and his five staff wore the elaborate costumes for two weeks. "The suits, long black dresses and skirts were very heavy for the staff," admits Mr Rymer, who even grew a beard specially for the occasion! "All in all it's been enjoyable, and there have been a lot of favourable comments."

The 103-year-old pharmacy also participated in local branch competition with a window display full of historical pharmacy artefacts. Customers' response to this had been good — it took many back to the past, says Mr Rymer.

Elsewhere in the city, pharmacists marked the anniversary last week with an exhibition in the Prince's Quay shopping centre.

Two pharmacists were on hand throughout the week to answer questions from the public. Some 4,000 four-page leaflets giving information on local pharmacies and background information on the profession were handed out.

"It was a bit of a job to get the exhibition covered throughout the week," Hull branch secretary Mr M. Wright said, but the event "went off reasonably well".

The window display competition was won by the Foster & Plumpton branch in Preston Road managed by Geoffrey Barnet. He wins a leech jar for his artistic endeavours.

Prozac: no rise in suicide risk

Research carried out by Lilly in America has shown that their antidepressant Prozac does not increase the risk of suicide or cause substantial suicidal thoughts in depressed patients.

The Lilly team analysed data from 17 double blind clinical trials, comparing 1,765 depressed patients on fluoxetine with 731 on a tricyclic antidepressant and 569 on placebo.

Their results are published in this week's *BMJ*. Lilly highlight the main points from the abstract as:

- Suicidal acts did not differ significantly with placebo and with tricyclic antidepressants.
- The pooled incidence of emergence of substantial suicidal ideation was significantly lower with fluoxetine than with placebo and tricyclic antidepressants.

The conclusion states that data from these trials do not show that fluoxetine is associated with an increased risk of suicidal acts or emergence of substantial suicidal thoughts among depressed patients. These are inherent risks associated with depression.

Actifed

cough relief

*soothes and
relieves
children's
coughs*

sugar free

colour free

fruity flavour



Wellcome

1-12 years

The new Actifed is very big on little coughs.

Actifed* Cough Relief Product Information

Presentation: Each 5ml Actifed Cough Relief contains Triprolidine Hydrochloride 0.625mg and Dextromethorphan Hydrobromide 5mg in sugar-free and colour free base.

Uses: For the symptomatic relief of simple dry, unproductive coughs and other symptoms associated with colds in children

Dosage and Administration: To be given three or four times a day: Children from 1 year to under 2 years – 2.5ml spoonful, children from 2-5 years – one 5ml spoonful, children from 6-12 years – two 5ml spoonfuls.

Contra-indications, warnings etc: Do not exceed the recommended dosage. May cause drowsiness. If affected do not drive or operate

machinery. Avoid alcoholic drink.
100ml bottle £2.12 RSP (PL3/0275).

Legal Category: P – This product is available for OTC, 'over the counter' purchase from Retail Pharmacists. Further information is available on request.

The Wellcome Foundation Limited,
Crewe, Cheshire.



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**THE WELLCOME
FOUNDATION LTD**

Walsall seeks help on FHSA initiative

Walsall Local Pharmaceutical Committee intends to provide its family health services authority with positive input on the future of community pharmacy and would like to pool ideas with any LPC planning a similar project.

The move follows the initiatives of Liverpool and Sheffield LPCs, who earlier this year submitted proposals to their FHSAs which are now the subject of ongoing debate.

Walsall LPC secretary Robert Saunders told *C&D* he expected their document to contain many of the items included by Sheffield LPC. "We did feel the Sheffield proposals were a little bit altruistic in places, but you have to aim high." He said the LPC had recently become more active and relations with the FHSA are "good".

Mr Saunders' own priorities for Walsall's 60 pharmacies include agreement on a more structured needle exchange scheme than the current one, and a proper 24-hour service.

Following the surgery

Applications to open pharmacies in Corby and Swansea in anticipation of new GP surgeries opening, have been turned down.

Corby councillors have rejected a scheme put forward by Chalk Chemists for a pharmacy off Gainsborough Road on the site of a planned three doctor surgery.

And in Swansea's Sketty area the FHSA decided against an application by Howard & Palmer in anticipation of the relocation of a surgery to Gower Road. There are already two pharmacies within a short distance of the proposed site.

Labour NHS challenge continues

A Labour Government would widen access to complementary medicines such as chiropractic and homoeopathy by designating pilot projects for their provision within the NHS.

This was announced by Mr Robin Cook, Labour's Shadow Health Secretary, when he outlined the 39 steps which a Labour Government would take in its first 100 days of office to deal with the "emergency condition" of the NHS.

He confirmed that prescription charges would be frozen and the scheme for exempting patients from charges would be extended to cover those with chronic conditions and people on invalidity benefit.

Second class treatment... again!

Mondays are always a busy day and last week was no exception. My morning coffee gathered icicles on the bench while my lunch break became more reminiscent of afternoon tea, but at last a lull for a bite and a quick glance at the local paper. Headlines! "Killer drug withdrawn from market." With an inward groan I read on to be informed by the local Press that terodiline had been voluntarily withdrawn worldwide by Kabi after having been implicated in the deaths of a number of patients.

All credit to Kabi in acting promptly but why was I not informed before, if not at the same time as the Press? In fact the official letter from Kabi arrived in the same post as the statement from the Medicines Control Agency via the FHSA on Wednesday morning, some 48 hours later. Meanwhile, on Monday and only ten minutes after my lunch break, I received a script for Micturin. After referring the patient back to the surgery I phoned to inform the doctor of the reasons for my action. "Oh yes," came the receptionist's reply, "we have just heard in the post but thank you for calling... Well, yes, you could discuss it with the doctor but he is in a bit of a funny mood today. You could phone back in ten minute if you like!" I did not like, and in any case considered my blood pressure would not survive another phone call!

Once again vital matters of pharmaceutical concern have been gleaned from outside sources, with the community

pharmacist apparently of secondary importance. The fault might lie with an inefficient post office but even the letter from the MCA was classified as only class 2 priority, ie action within 48 hours. The script I received was dated three days previously, I could have dispensed it ten minutes before reading the paper and unnecessary distress could have been caused to a patient. As it was, apart from the embarrassment of informing a patient of vital professional information via the Press, no harm was done. But a potential problem could have been avoided if I had been informed with the same speed as all other interested parties.

Are we talking about medicines or Smarties?

The tendency to treat medicines like confectionery, with exciting flavours and gimmicky promotions, may be necessary to maintain market share in the indigestion sector but it leaves a sour taste in my mouth when my efforts at recommendation are thwarted by the riposte of "Haven't you got those strawberry ones advertised on the telly?"

Last week saw the launch of flavoured Stoppers by Charwell Pharmaceuticals. Now, I am an enthusiastic supporter of anti-smoking products, and used correctly Stoppers can help the smoker break his habit, but to

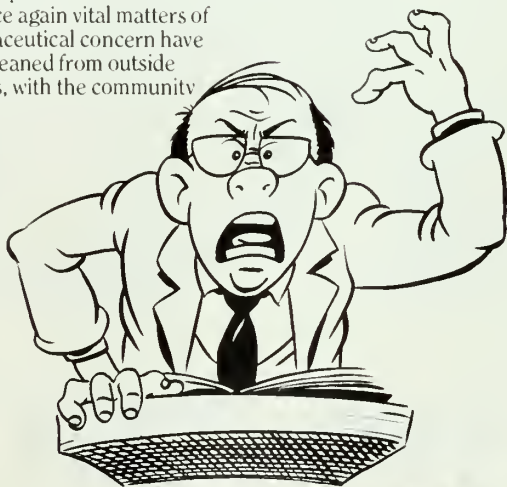
have a sale refused because I do not stock the chocolate orange flavour hints of the product being used as a tobacco sweet and not as a medicine. Flavours in medicines are designed to disguise a disagreeable taste in order to encourage patient compliance. To promote different flavours reduces the validity of the product as a medicine and encourages excessive consumption.

Since their original launch Stoppers have been distributed by many companies and cut price promotions in the past have encouraged their excessive use to the point where there are now many patients as addicted to these lozenges as to their original cigarettes. If they are going to be promoted like a packet of Smarties further addition will be encouraged and I must have reservations about recommending them as a genuine product in the fight against smoking.

Toiletries blown away on winds of change

According to AGB independent pharmacies now account for less than 10 per cent of the deodorant, body spray and bath additive market (*C&D* September 21, p468). At first sight this is another example of the general attrition of independent pharmacy, but it is also possibly symptomatic of a change in priorities within community pharmacy as we adapt to a changing market place.

Traditionally toiletries have formed a large part of the commercial activity in most pharmacies, but with the increasing emphasis on the more professional aspects of practice it is inevitable that the range of products being sold will also change. The competition for toiletries is intense and if they can slowly be replaced by more specialist, more health orientated products where the professional input is enhanced then I would applaud that change. In fact, looking around the shelves of my small emporium, I can see exactly that change already occurring with a growing predominance of medicines, surgical, baby and medically allied products. My turnover is still healthy and my profits have not been affected. The wind of change is clear to see and I will have no regrets as yesterday's tradition gives way to tomorrow's new horizons.



Topical REFLECTIONS

Scriptspecials



Loceryl for nail infections

A novel topical antifungal agent in a unique lacquer formulation, Loceryl, is available from Monday.

The active ingredient is amorolfine, an antimycotic which belongs to a new chemical class that relies for its antifungal action on altering the fungal cell membrane. It penetrates and diffuses through the nail plate and is thus able to eradicate poorly accessible fungi in the nail bed. Systemic absorption is negligible. It is active *in vitro*, against a wide range of yeasts, dermatophytes, and moulds.

Manufacturer Roche Products Ltd, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY

Description Nail lacquer containing 5 per cent amorolfine hydrochloride

Uses Onychomycoses caused by dermatophytes, yeasts and moulds

Dosage Apply to affected finger or toe nails once weekly (twice weekly in some cases). Before application, the affected nails should be filed down thoroughly using a nail file (supplied). The nail surfaces should be cleansed and degreased using a presoaked tissue pad (supplied). With a reusable spatula (supplied), apply the lacquer to the nails and allow to dry. Do not wipe off lacquer

on the bottle neck. After use, clean the spatula with the pad. Before repeat applications, the nails should be filed down again, and cleansed with a pad to remove any remaining lacquer. Treatment should be continued without interruption until the nails have regenerated and the affected areas are cured. The frequency and duration of treatment depends on the intensity of localisation of the infection — generally six months for finger nails and nine to 12 months for toe nails. A review of the treatment is recommended at three-monthly intervals.

Contra-indications, warnings, etc Hypersensitivity to Loceryl. Avoid during pregnancy and lactation unless considered appropriate by prescriber. Avoid contact with eyes, ears and mucous membranes

Side-effects Exceptionally, a slight, transient burning sensation around the nails

Supply restrictions POM

Packs Treatment pack containing a 5ml bottle of Loceryl, nail files, applicators and alcohol-soaked swabs £34.38 (trade)

Licence number 0031/0285

Issued September 1991

Imigran for migraines

Glaxo's migraine treatment Imigran (sumatriptan) is launched this week. It is the first specific and selective 5-hydroxytryptamine-1-like receptor agonist which acts on the cranial blood vessels, the dilation of which is thought to be the underlying mechanism of an acute migraine attack in humans.

Imigran is given as a single 6mg subcutaneous injection which may be repeated, if symptoms recur, 1-24 hours later. Treatment packs containing two pre-filled syringes of Imigran plus an auto-injector and instruction leaflet cost £41.14 (trade). **Glaxo Pharmaceuticals UK Ltd. Tel: 081-990 9000.**

Oruvail gel in Rugby World Cup

May & Baker are extending their Oruvail range with a topical gel. It has been accepted as an official product for Rugby World Cup 1991 (October 3-November 2), and the logo will appear on all launch packs.

Clinical studies have shown that Oruvail gel relieves pain quickly, reduces swelling and significantly eases the retarding effect of pain on movement, benefitting both sports participants and elderly patients, say May & Baker.

Each tube comes with a dose measuring device. Applied locally, ketoprofen is absorbed into the blood very slowly and there is no accumulation in the body. Its bioavailability relative to oral forms is 5 per cent: systemic effects are, therefore, unlikely.

Manufacturer May & Baker, Rhône-Poulenc Rorer Ltd, Dagenham, Essex RM10 7XS

Description Colourless, non-greasy, non-staining transparent gel with lavender fragrance, containing ketoprofen 2.5 per cent (also carbomer, ethanol, lavender oil, triethanolamine and water)

Uses Recommended for the relief of acute, painful musculoskeletal conditions caused by trauma, such as sports injuries, sprains, strains and contusions

Dosage Apply two to four times a day for up to seven days. The affected area should be well massaged. The recommended dose is 15g daily (not recommended for children)

Contra-indications Hypersensitivity to

ketoprofen and NSAIDs. History of bronchial asthma or allergic disease. Avoid in patient with exudative dermatoses, exzema, sores and infected skin lesions or broken skin. Do not apply to mucous membranes or eyes. Do not use with occlusive dressings. Avoid during pregnancy and breastfeeding. Drug interactions unlikely

Side-effects Skin reactions including pruritis and localised erythema are rare, usually mild and resolve on stopping treatment

Supply restrictions POM

Packs 100g tubes £6.95 (trade)

Licence number 0289/0142

Issued September 1991



Toradol is post-op NSAID

Syntex are launching Toradol (ketorolac), an injectable non-steroidal anti-inflammatory drug for the relief of pain following surgery, intended for hospital use.

Toradol is as effective an analgesic as morphine 12mg or pethidine 100mg in patients with moderate to severe pain, without the side-effects of opiates. It produces maximum analgesia within 1-2 hours and its median duration of action is 4-6 hours. For severe pain, additional opiate analgesia may be needed, though less morphine is required in combination, say Syntex.

Manufacturer Syntex Pharmaceuticals Ltd, St Ives Road, Maidenhead, Berks SL6 1RD

Description Clear, slightly yellow solution for intramuscular injection,

containing ketorolac trometamol 30mg per ml

Uses Relief of pain associated with surgical procedures

Dosage Usually 30mg initially, then 10-30mg every 4-6 hours as required; give every 2 hours if needed during initial post-operative period. Maximum recommended daily dose 120mg; continuous multiple daily doses should not be given for more than 5 days. Reduce dose in renal impairment and in patients over 65. Not recommended for children under 16

Contra-indications, warnings and side-effects As for similar NSAIDs

Supply restrictions POM

Packs 1ml ampoules (10 £13.14 trade)

Licence number 0286/0111

Issued September 1991

**When it comes to the
Acid Test
8 out of 10* Indigestion
Sufferers would buy
New Andrews[®] Antacid**



**THAT'S WHY
STERLING HEALTH IS SPENDING
£2.5 MILLION ON TV.**

*Data on file



Balneum Plus for itchy dry skin

Merck are launching Balneum Plus, a bath oil which like Balneum is based on soya oil (82.95 per cent), but also contains mixed lauro-macrogols (15 per cent).

In addition to its emollient effects, it therefore also has local anaesthetic properties and is recommended for the treatment of dry skin conditions characterised by itching.

Merck say that this is the first time in the UK that lauro-macrogols have been included in a bath oil for the treatment of pruritis. Clinical trials have shown Balneum Plus provides a greater and more lasting anti-pruritic effect than a simple bath.

Balneum Plus can be used in a bath or shower: care should be taken to avoid slipping. For a full bath 20ml (one measure) should be used, for children 5ml and for a partial bath 2.5ml. Excessive rinsing with water and strong wiping or rubbing with a towel decreases the therapeutic effect.

Merck envisage Balneum Plus will be used as first-line therapy, or as an adjunct to emollients, in dermatoses such as eczema before resorting to topical steroids or antihistamines.

Balneum Plus is a Pharmacy product (500ml £8.55 trade). **E. Merck Pharmaceuticals. Tel: 0420 64011.**

Sinemet CR evens out 'on-off' effect

The Sinemet range is being extended with the launch of Sinemet CR, a controlled release formulation of carbidopa 50mg and levodopa 200mg.

With conventional levodopa formulations, patients may experience an increase in "off" time (symptoms present) and a decrease in "on" time (symptom-free) after some years. There are fewer fluctuations in well-being with Sinemet CR, with "on" time increased and "off" time decreased, say Du Pont. With Sinemet CR peak plasma levels are lower than conventional levodopa, but remain more constant. Conventional therapy results in a rapid rise to peak levels followed by a fall to very low levels which may contribute to the "on-off" effect.

The new formulation is suitable for all stages of Parkinson's disease, including new patients. Clinical trials in patients with early symptoms show that Sinemet CR is

more effective in reducing the "on-off" effect after two years treatment than conventional carbidopa/levodopa.

Sinemet CR are dappled peach, half-scored, oval tablets (56 £21.84) with a matrix that gradually erodes to release the drugs. The initial dose in patients with mild to moderate disease is one tablet twice daily. Patients already on levodopa should discontinue it 8-12 hours before taking Sinemet CR.

Following initiation of therapy, doses and dosing intervals may be increased or decreased depending on therapeutic response. Most patients are adequately treated on 2-8 tablets per day in divided doses at intervals ranging from 4-12 hours during the working day.

Contra-indications, warnings and side-effects are similar to those for existing levodopa preparations (see Data Sheet). **Du Pont Pharmaceuticals Ltd. Tel: 0462 482648.**

Peak flow meter donations

Vitalograph are celebrating the first anniversary of the availability of peak flow meters on the Drug Tariff (October 1) by donating £0.75 for each Vitalograph meter that pharmacists buy from wholesalers during October, November and December to the British Lung Foundation.

The promotion is being supported by an advertising and direct mail campaign, urging pharmacists to "join our celebration and help lung research".

Dispensing Vitalograph meters against non-branded scripts helps lung research and costs the pharmacist nothing, say Vitalograph.

Pharmacists should send purchase details on their letterhead or label by Freepost to Vitalograph, who will make the donation.

In addition, for four or more purchases, Vitalograph will send each pharmacist a copy of the "Peak flow seminar" booklet, worth £3.99. **Vitalograph Ltd, Maids Moreton House, Buckingham MK18 1SW. Tel: 0280 822811.**

Ilube changes

Responsibility for the marketing and distribution of Ilube eye drops will be transferred from Glaxo's Duncan Flockhart Division to Cusi (UK) Ltd (Tel: 0428 61078) from October 14. At the same time, a new 10ml pack will be introduced to replace the existing 15ml pack. All inquiries about the existing Ilube should be addressed to Glaxo's Sales Supplies Department. **Glaxo Laboratories Ltd. Tel: 081-990 9444.**

Sandimmun 50mg

Sandoz are introducing a 50mg strength of Sandimmun capsules (30 £41.25 trade). **Sandoz Pharmaceuticals. Tel: 0276 692255.**

Bronchodil returns

Bronchodil tablets 20mg are being discontinued from Tuesday; all unexpired stock returned to this company via wholesalers by the end of November will be credited. **Asta Medica Ltd. Tel: 0223 423434.**

Loestrin in threes

Parke-Davis are introducing new packs of three by 21 tablets to replace the existing packs of Loestrin 20 (£2.58) and 30 (£3.78, both prices trade). **Parke-Davis Research Laboratories. Tel: 0703 620500.**

Gammabulin change

Thiomersal has been removed from Gammabulin injection because of reports in the past of adverse reactions due to preservatives in vaccines and other pharmaceutical products, say Immuno. Preservative-free batches, to be phased in during the next few weeks, can be identified by the letter F towards the end of the batch number. In addition, the pack insert and labelling will state there is no preservative added, with a reminder that Gammabulin is for single use only. Prices are unchanged. **Immuno Ltd. Tel: 0732 458101.**

Fluzone in stock

Servier's recently launched influenza vaccine Fluzone will be in stock at wholesalers from October 5-6. **Servier Laboratories Ltd. Tel: 0753 662744.**

Piriton Spandets

Pharmacists requiring information on discontinued Piriton Spandets are asked to contact **Allen & Hanburys' Medical Information Department. Tel: Freephone Allen & Hanburys.**

Balneum extra

The 225ml size of Balneum will be replaced with a 200ml bottle when stocks run out. **E. Merck Pharmaceuticals. Tel: 0420 64011.**

From Fresenius

Fresenius are launching the following new products which are available on prescription: Provide, tropical fruit flavour, 250ml carton £1.05; Protein Forte, strawberry, vanilla and chocolate flavours, 200ml carton £0.95; Fresubulin OPD, light fruit aroma, 500ml bottle £3.50; and Fresubulin 750, vanilla flavour, 500ml bottle £2.40 (all prices trade). **Fresenius Health Care Group. Tel: 0928 57944.**

3M launches

Two new products will be available to pharmacists from October 1. They are Micropore circular plasters 40s (rrp £1.59) and a Steri-strip first aid pack (10s rrp £1.79). **3M Health Care Ltd. Tel: 0509 611611.**

Tilarin in Germany

Fisons have been granted their first approval to market Tilarin aqueous nasal spray, their nedocromil sodium product for the relief of hayfever symptoms, in Germany. They plan to launch it there next year. Further product licence applications have been submitted in other countries for Tilarin as well as Tilavist, a nedocromil sodium product for the treatment of eye symptoms in hayfever. **Fisons plc Pharmaceutical Division. Tel: 0509 611001.**



A 4 per cent strength of Rynacrom nasal spray is to replace the current 2 per cent presentation. It will allow a simpler one spray two to four times daily dosage regimen which should help encourage patient compliance, say Fisons. From October 1, all prescriptions for Rynacrom should be dispensed using the 4 per cent spray (£7.55 trade). Existing stocks of the 2 per cent strength should be returned for credit to Fisons via wholesalers. **Fisons Pharmaceuticals. Tel: 0509 634000.**

Take ASPRO and you'll notice the improvement straight away.

Aspro has always been known as the fast acting pain reliever. Now the brand is also available with paracetamol formulations and its packs have been re-designed to look even more modern (although still clearly recognisable).

So it will have equally rapid effects in other areas too. Your sales and profits, for example.



Counterpoints

First foot forward for Young Nutrition

Young Nutrition, a new company specialising in infant nutrition, are launching two ready-to-feed baby milks.

First whey-dominant infant milk is for use from birth onwards, while Forward follow-on milk is for use from six months (both 200ml £0.42). The milks have been sterilised by a rapid UHT process, developed by the Finnish parent company Valio International, in which the product is heated to 140C for two to three seconds. This highly effective means of sterilisation maintains nutrient quality and physiological performance and results in whiter products which have a fresher taste and smell and appear less "processed" than other baby milks, say Young Nutrition. The products are free from artificial additives and stabilisers such as carrageenan.

For the immediate future, First will not be available through hospitals or clinics but will be targeted to ABC1 mothers who are more likely to have breast-fed while in hospital and who are perhaps transferring to bottle-feeding on returning to work. These "better educated" mothers are likely to favour natural products and are more likely to buy added value ready-to-feed and follow-on milks, the



company believes. Although the milks will not be issued through hospitals, Young Nutrition's sister company Scientific Hospital Supplies will give details to the relevant hospital staff.

The products are being sold in mid-October by an auxiliary pharmacy sales force, who will offer an introductory deal of seven units for the price of six. Shelf merchandisers hold six packs for display. First will be advertised in baby

annuals and Forward in the parental Press.

A public relations campaign will include fun runs in aid of Great Ormond Street Hospital for Sick Children, competitions, promotional literature, audio-visual support and a health professional education programme. The advertising and promotional spend for 1991-92 will be £1.2 million. **Young Nutrition Ltd. Tel: 0737 779622.**

Childplan backing

Fisons are backing their Sanatogen Childplan with a series of consumer promotions this Autumn.

Through the women's Press, sample bottles will be offered, in some cases with a Sanatogen cotton T-shirt. And in the national Sunday Press, the back to school period is being marked with a major offer.

A back to school colouring competition is running in a number of provincial papers this month, with a Winter competition planned for next month. The winning

entries for portraying "My Summer holidays" will receive prizes such as a colourful kite, a cuddly Panda toy and a Ladybird book, as well as a sample of Childplan.

Fisons have also teamed up with a dietary specialist from a women's magazine for a series of live radio link-ups across the country. The journalist will be interviewed on children's eating habits and the importance of a balanced diet while at school. **Fisons Consumer Health Plc. Tel: 0509 611001.**

Pil-mousse shampoo joins Pil-food

Lake Pharmaceuticals are launching Pil-mousse shampoo, which contains extract of millet as well as milk proteins.

Millet is an ingredient in Pil-food capsules, and has been shown in clinical tests to be beneficial in the treatment of brittle and fragile hair and to help slow down hair loss, say Lake.

Pil-mousse shampoo helps to restore the natural equilibrium of the scalp as it preserves the protective acid layer. Its pH of 6 is similar to

that of the skin, and it helps to create an ideal scalp environment and thus contributes to healthy hair growth, claim Lake.

To back the launch and celebrate the 20th anniversary of Pil-food capsules, Lake are offering one 200ml bottle of Pil-mousse shampoo (RSP £8.82) with every three packs of Pil-food 100s ordered. Display material will also be provided to introduce customers to the shampoo. **Lake Pharmaceuticals Ltd. Tel: 081-991 0272.**

Pharmacists can help you sleep!



A consumer campaign starts next week to raise awareness that pharmacists can give advice on sleeping problems.

An advertisement with the slogan "For a good night's sleep ask your pharmacist" will appear in *Woman's Weekly*, *Woman's Own*, *People's Friend*, *My Weekly*, *Sunday Express Magazine*, *Woman and Home*, and *Good*

Housekeeping. The campaign is being run by Smithkline Beecham Health Care in support of Somnifex, but the product name is not mentioned in the advertisement, giving pharmacists the chance to decide on the best course of action for the patient.

A showcard carrying a similar message to the advertisement is being distributed by company representatives and a window sticker will be available as an insert in next week's *Chemist & Druggist*.

The campaign has been endorsed by the National Pharmaceutical Association, who will be issuing pharmacists with an insomnia information booklet in the October Supplement. Says director Tim Astill: "There has never

been a more relevant time for pharmacists to advise on insomnia, especially given the large numbers of people currently suffering problems with benzodiazepines. Pharmacists are well qualified to advise and know when to treat and when to refer.

"This new campaign will go a long way towards promoting the pharmacist as a principal source of advice, which is good for our image as providers of healthcare."

Smithkline Beecham's research has revealed that 28 per cent of all adults questioned had suffered from insomnia at least once in the previous week (compared with headache at 29 per cent), but only 2 per cent took an OTC remedy for the problem. Some 26 per cent consulted a GP while the rest did nothing or took a home remedy such as alcohol. **Smithkline Beecham Health Care UK. Tel: 081-560 5151.**

Musical touch

Shopfield Ltd are entering the baby care and nursery equipment field with the launch of Gooi's Musi-pot and Musical sleeper.

Musi-pot (£8.99) adds an element of fun to potty training, say Shopfield. Available in white, pink and blue, the Musi-pot plays music at the touch of a button, to encourage baby to sit on the potty. With a splash guard, it's suitable for boys and girls.

Gooi's Musical Sleeper (£39.95) is an electronic musical crib rocker, which fastens to all types of cot and which can be activated manually or automatically. When baby begins to cry, the Musical Sleeper will start to play a selection of lullabies. **Shopfield Ltd. Tel: 081-550 4933.**

Pickles changes

Pickles have reformulated Pickles SCR and Soothake.

Pickles SCR has been revamped with modern graphics that link it with Snufflebabe. The size of the treatment has been more than doubled to a 30g jar at no extra cost (RSP £1.53).

Soothake gel (£1.65) has a new look and formula, which Pickles claim make it "probably the most powerful adult toothache remedy on the market". It contains clove oil 21 per cent and chlorbutol 7 per cent. **J. Pickles & Sons. Tel: 0423 867314.**

Only one multi-vitamin makes you three times more active



Stock Sanatogen multi-vitamins and you fill your till three times faster.

Because as brand leader, our multi-vitamins sell at three times the rate of our nearest branded rival. Seven out of the top ten best selling multi-vitamin packs in the market have our name on them.

But there is another reason

One name you can always turn to

So take as many of our multi-vitamins as you can and you and your till won't stop moving.

you might require a larger dose of our vitamins.

We are putting a record £3 million behind new TV advertising, point-of-sale and promotion. Plus we have brightened the already distinctive packs and added more product information.

TO ORDER SANATOGEN PRODUCT OR POINT OF SALE MATERIAL CONTACT FISON'S CONSUMER HEALTH REPRESENTATIVES OR TELEPHONE THE SANATOGEN HOTLINE ON 0509 611001 EXT 45110, 45100 OR 45107 SANATOGEN AND FISON'S ARE REGISTERED TRADE MARKS OF FISON'S PLC. © FISON'S PLC 1991.

FISON'S
Consumer Health

Isn't it time took a step

Our company, Young Nutrition, will be new to you.

Our ready-to-feed baby milks are certainly breaking new ground.

Before we establish our credentials, we'll introduce you to First, our infant milk for babies from birth onwards. And Forward, our follow-on milk for babies from 6 months.

One glance and you'll see how different they are.

Our UHT ready-to-feeds are whiter and look like real milk. Which is only natural as we have the shortest heating time of any UHT RTF manufacturer.

The other benefits are equally innovative. First and Forward taste fresher and smell lighter, less sickly than the competitors. They're less processed and contain no artificial additives.

Independent research has shown that First is considered by mothers to be superior to either of the two leading ready-to-feed infant milks. Despite brand loyalty, 57% of them said they would use First instead of their current brand.

Our expertise in UHT technology is inherited from our parent company, Valio. They are world leaders in this field and have pioneered UHT baby milks since 1973.

At Young Nutrition, we believe in a research-led approach. And have used extensive medical and consumer research to develop our products.

Now we're committed to building the RTF and follow-on milk markets. These are the two fastest growing sectors.

babymilks for ward?

They offer great potential in terms of volume, rate of sale and profit to the forward thinking retailer.

We're also supporting our milks with heavyweight marketing campaigns to health professionals and consumers.

The benefits of First and Forward will ensure they're bought for regular rather than occasional use.

As ready-to-feed milks, they are in tune with the needs of today's mothers. And are definitely a natural step forward.

Young Nutrition baby milks are distributed by Britannia Health Products.

For more details contact Andrew Crumpton on 0737 773741 or Young Nutrition Ltd, Forum House, Brighton Road, Redhill, RH1 6YS.



Young  Nutrition

Breastmilk is best for babies. Infant milk is intended to replace or complement breastmilk when mothers do not breastfeed. The only suitable milk should be purchased and professional advice sought on all matters relating to feeding.

COME TO CHEMEX
AND SEE THE LAUNCH OF

"CheckOut"

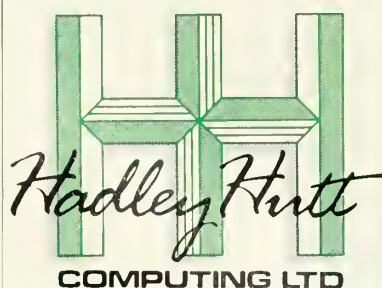
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PHONE NOW FOR A
FREE DEMONSTRATION

SEE US AT CHEMEX
ON STAND
L50.

Mycil footcare guide

Athletes foot is just one of the multitude of foot problems that come under scrutiny in the new Mycil consumer guide "The sporting foot".

The booklet is designed to appeal to the young professional sportsman and woman who are most likely to suffer from athletes foot.

The problems it covers include fractures, dislocations, ruptures, tears and infections; it also covers foot structure, examines the stride action, advises on care and prevention and explains what a biomechanical assessment is.

The guide is being offered free at Mycil foot health clinics at major UK road races and through sports magazines. For copies of the guide write to **Mycil Guide/Pharmacy, PO Box 12, Nottingham NG7 2GB.**



Autumn offers from Healthcrafts

Healthcrafts' Autumn programme of special promotions and extra-free products commences next week on four One-a-Day products, with seven days extra free supply (37 for 30).

Packs of evening primrose oil, vitamin-B complex, cod liver oil and odourless garlic will be flashed with the promotion. These packs will also feature a special offer for a copy of a book called "The Thorsons guide to vitamins and

minerals" (RSP £3.99).

Customers have to send in two pack fronts from any of the above promotional products plus a £1 coin.

Healthcrafts are also running a 20 per cent extra free promotion on Compleat cod liver oil (108 for 90) and evening primrose oil 500mg (36 for 30) — two products made increasingly popular by the endorsements of medical research. **Booker Nutritional Products. Tel: 0932 336366.**

Shocking new campaign from Wella

Wella Shockwaves is being supported by a new £1 million advertising campaign in the teenage Press.

There are three different advertisements — the first is for Super Firm mousse and features the Levi's commercial star Mario Sorrenti. The second

includes Hard Rock aerosol hairspray, and the third volumising gel spray, hard rock gel spray, super firm hairspray and hard rock non-aerosol hairspray.

Wella estimate 70 per cent of 13-18 year olds will see an advertisement. **Wella. Tel: 0256 20202.**



Tambrands' latest on-pack promotion for Tampax is an offer of the Apri cleansing collection — gentle cleansing lotion 30ml, refreshing toner 30ml and dual cleansing pads (5) — in a drawstring bag. The promotion is running on Tampax 10s and 40s in regular, super and super plus absorbencies. Packs which highlight the offer are coming in-store now. Consumers have to collect eight tokens from the end flaps of the packs — there are four tokens on 40s and one on 10s. Full details of how to claim the gift are on an in-pack leaflet. **Tambrands Ltd. Tel: 0705 474141.**

Unichem October offers

Unichem offers for October include a selection of Alberto VO5 products.

Original, moisturising and extra body hot oil singles comes in 50s at £20.74, hot protein sachets are £12.10 for 24 and hot oil triples at £10.78. Point of sale material is available.

A Chupa Chups sherry pack containing 120 Chupa Chups, 2 by 96 whistling pops and 2 by 50 Chupa Chups sugar free is on offer at £30.86, with a free bottle of sherry.

A POR of 34 per cent is offered on TCP pastilles and Frisk sugar-free eucalyptus breath freshener tablets (150s) are on offer at £19.71. **Unichem. Tel: 081-391 2323.**

Agfa notice

Agfa want to apologise for an error in the film speed printed on the box of one of their films. Agfachrome CT200 slide film has ISO100/21 deg on the side of it, indicating that the film should be exposed at 100ASA.

In fact, the correct details are: ISO200/24 deg. Agfa say all other information printed on the box is correct, and that the error is limited to a small number of CT200 36-exposure films. **Agfa Gevaert. Tel: 081-560 2131.**

SENSODYNE IS *the* TOPS.

Sensodyne created the sensitive toothpaste sector. And totally dominates it.

Sensodyne is also the no. 1 chemist brand in the total toothpaste market.¹

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TOOTHPASTE**

SENSODYNE ORIGINAL · SENSODYNE MINT · SENSODYNE F
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Heavyweight national
TV campaign runs
July – December.

1. Independent research. Data on file Stafford-Miller Ltd. 1991.

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TO READERS OF

CHEMIST AND

DRUGGIST



STEM FOR PHARMACISTS



Meditrade Cholestratest desk-top Cholesterol Analyser, including carrying case and 50 test kits, especially developed for pharmacists.

ONLY £295.00 + VAT. Normal Price £395.00 + VAT

Cholestratest is a fast, accurate method for pharmacists to offer their customers an on-the-spot test of their whole blood cholesterol level. It is a complete system that includes everything the pharmacist needs for promotion and for counselling advice to customers explaining the results and offering dietary, or other advice where needed.

Cholestratest offers not only a substantial profit opportunity in its own right, but also the benefits of greater shop traffic through the provision of an additional and sought-after customer service.

- Laboratory accuracy with desk top simplicity.
- Results from start-up in 3 minutes. Requires no calibration, warm up, or spinning.
- Simple and easy to use, with pre-measured and pre-calibrated reagent cuvettes.
- Quality control assured through QC test solution with every set of test kits, and 6 months participation in the Randox International Quality Assessment Scheme.
- Based on a per test price of £7.50, Cholestratest will pay for itself within 50 tests.

Additional test kits are available from Meditrade at just **£75.00 + VAT** for a box of 50 tests.

To Order

Just send a cheque/PO made payable to Meditrade for £346.62 to: Meditrade, Old Bank House, 1 High Street, Arundel, W. Sussex BN18 9AD.

Please allow 21 days for delivery. Offer closes 30th November 1991.

Chemex '91 - Special Offer - Save 10%

Don't miss Cholestratest on the Meditrade stand, J7, at this year's Chemex exhibition. The complete starter kit will be available for purchase on the stand at just **£265.00 + VAT, SAVING AN ADDITIONAL 10%.**

Impulse gets shower gel



Elida Gibbs have introduced a shower gel to their Impulse range.

Research conducted by the company revealed that 50 per cent of shower gel users are female, but there was a gap in the market for a branded, female-specific shower gel, say Elida Gibbs. In trials, 82 per cent of respondents said they would use the new shower gel. The company predicts a 5-6 per cent share of the shower gel market in the first 12 months.

Targeted at 16-30 year olds, Impulse shower gel (£1.59) is "distinctly feminine, with a delicate fragrance". It comes in four variants — Spring, Aqua, Coral and Opal. The fragrances are not replicas of the body sprays, say Elida Gibbs, but designed to complement them.

The 200ml bottles have a pearlescent finish and are in pastel shades, featuring the Impulse butterfly motif. The pack also incorporates a fold-away shower hook.

The launch will be supported by a £1.4 million Press and poster campaign

from October until April 1992. The advertisement features petals instead of water coming from a shower.

The shower gel comes packed in sixes in an illustrated counter merchandising tray. **Elida Gibbs. Tel: 071-486 1200.**

Gifts with Boss

Max Factor are running three Christmas gift offers with purchases from their Boss range.

Three golf balls in a presentation box come free with purchases of Boss Sport aftershave (125ml £25.50). A free Boss shower gel (200ml £14) will be given away with each purchase of Boss No1 aftershave (50ml £27).

An umbrella carrying the Hugo Boss logo will be given free with purchases of Boss No1 aftershave (125ml £25.50). All offers run from November until Christmas, or while stocks last, say **Max Factor. Tel: 0202 524141.**

Soft and Pure promotion

Robinson Healthcare have a new promotion for their Soft and Pure cotton wool range.

The holiday cashback offer entitles customers to receive up to £250 in holiday spending money vouchers when they collect four bar codes from any product in the Soft and Pure range. In addition, consumers can win two weeks membership at the Royal Park Golf and Country club in Tenerife.

Robinson are also running a free draw with 100 prizes of week long breaks to pharmacists displaying the holiday promotion.

Robinson Healthcare. Tel: 0246 220022.

Morphy Richards campaign

Morphy Richards Consumer Electronics are investing £660,000 in a four month national campaign, with Press advertising in women's magazines, *Radio Times*, *TV Times* and Sunday supplements.

The advertisements feature three products from the haircare range and a clock radio. **Morphy Richards. Tel: 0709 585525.**

Oris pack

Oris Beauty Products have brought out a gift pack for Christmas, containing three products from the Natural Sea Beauty range.

Presented in a transparent carrying case, the pack comprises cosmetic bath salts, deep cleanser and mud mask. **Oris Beauty Products Ltd. Tel: 081-885 2999.**



First Response targets 9 million readers

Carter-Wallace are targeting 9 million women in the latest advertising push for their First Response ovulation predictor and pregnancy test kits.

The £400,000 spend will support Press advertising in eight women's magazines, running from now until February. The company

estimates readers will see the advertisements at least six times each.

The campaign comprises three advertisements, two focussing on the ovulation predictor and one on the pregnancy test, with strap line "There's living proof it works". **Carter-Wallace. Tel: 0303 850661.**



New look Poly Tint

Henkel Cosmetics have relaunched Poly Color Tint and added Poly Color Blonde to the range. Poly Color Tint has an improved formulation containing keratin and has been repackaged for a bolder look. New Poly Color Blonde permanently lightens hair by up to three to four shades and comes in two colours — light blonde and silver blonde. **Distributors Warner-Lambert. Tel: 0703 630500**

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Although Cow & Gate make food and drinks for babies, we also know just how crucial diet is during those nine months of pregnancy, before baby comes into the world.

So we've produced a booklet specially for mothers-to-be entitled "Looking forward to having a baby – Eating the healthy way."

It's full of helpful information and advice on what

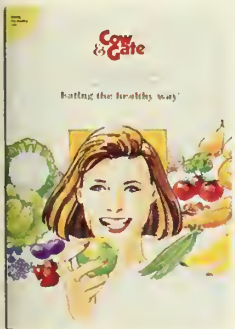
to eat and what not to eat during pregnancy.

It explains about the nutrients a mother and baby need and what foods they're in.

It looks at supplements and provides reassurance about some of the common complaints a mother-to-be might encounter, like heartburn, for instance.

If you'd like free copies just write to Cow & Gate Ltd. (BS), Trowbridge, Wiltshire, BA14 0XQ.

**Cow
& Gate**
The Babyfeeding Specialists.



Please send me copies of your "Diet in Pregnancy" leaflet ☐

Please send also the following free leaflets: "Some of Your Questions Answered" ☐

"So You're Going to Have a Baby" (Antenatal) ☐ "Cradle Days" (0-3 months) ☐ "First Time Father" ☐

Mr/Mrs/Ms _____ Address _____

Postcode _____

Unichem and Gillette offer luxury day

Unichem and Gillette have teamed up to offer pharmacists a free day for two at London's Champneys health club, followed by a fitting for a free made-to-measure Burberry suit and an overnight stay at Le Meridien hotel.

To enter the competition, pharmacists have to order 12 packs from a selected range of Gillette shaving products, then think up a caption for a picture taken from the advertising

campaign. If the order is increased to 16 packs, pharmacists will receive a travel bag, complete with grooming products.

When ordering 12 packs, pharmacists must select nine from category A, which includes Sensor, Gil, Contour, Contour Plus and Gil Plus cartridges, Gil and Blue II razors. Category B includes Gillette shaving gel and regular shave foam. **Unichem. Tel: 081-391 2323.**

Asilone relaunch OTC range

Crookes are relaunching their Asilone OTC range following research among indigestion sufferers.

Both Asilone liquid and suspension will appear in a new shaped bottle, with tamper evident caps which offers easier pouring.

Crookes found in their research that 200ml is a more convenient size for both the consumer and pharmacists, as a result of which this size now replaces the 100ml and 300ml sizes, retailing at £1.99.

Similarly the optimum size for the tablets was found to be 24s, and this replaces the 30s at £2.35.

To support the relaunch there are new showcards, shelf edgers and a counter display unit, all of which feature the volcano imagery of the Asilone television commercial. The unit holds 12 bottles of Asilone liquid and six packs of tablets, together with consumer leaflets (trade price £21.53). **Crookes Healthcare Ltd. Tel: 0602 507431.**

Wrigley's extend TV campaign

Wrigley are extending their television campaign following a successful test run in the Granada region.

The commercial advertising Wrigley's sugar-free and Extra gum will be shown additionally in London, Anglia and the South West in October and progress to other television regions later in the year. **The Wrigley Co. Tel: 0752 701107.**

Quest launch German bath range

Quest Vitamins are the UK distributors for a leading German herbal bath concentrate — Tetesept.

It comes in three formulas, each containing a blend of essential oils. Relaxation bath is said to ease fatigue, Ultra Warmth bath for after sports use, and Cold Weather bath claims to clear the head and care for muscles and joints.

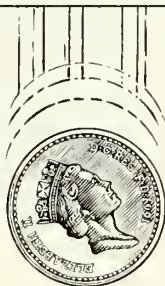
The herbal baths retail at £5.49 each (125ml). Quest are supporting the launch with trial packs, free sachets, merchandisers and point of

sale material. The range is being supported with Press advertising in health magazines. **Quest Vitamins Ltd. Tel: 021-359 0056.**

On TV Next Week

GTV Grampian	C4 Channel 4	TV-am Breakfast Television
B Border	U Ulster	STV Scotland (central)
BSB British Sky Broadcasting	G Granada	Y Yorkshire
C Central	A Anglia	HTV Wales & West
CTV Channel Islands	TSW South West	TVS South
LWT London Weekend	TTV Thames Television	TT Tyne Tees

Celsius:	GTV,U,B,G,C,A,TSW,TVS,LWT,TT
Clorets:	All areas except G
Colgate Actibrush:	All areas
Colgate Great Regular Flavour:	All areas
Farley's Timers:	All areas
Hedex Extra:	TV-am
Just for Men:	GTV,U,BTV,HTV,C4,TV-am
Lanacane cream:	U,Y,C,LWT,TT & C4
Libra Bodyform:	All areas except CTV,LWT & C4
Listerine Coolmint:	ALI areas except Y,CTV,C4 & TV-am
Minadex:	TV-am
Olvarit:	All areas
Panadol:	All areas
Radian B Mineral Bath:	G
Rennie:	C4,TTV
Seven Seas Berries:	TTV
Timotei shampoo:	All areas except CTV,Y,TVS & C4



RESEARCH PROJECT GRANTS ARE NOW AVAILABLE TO ALL PHARMACISTS.

The Project Development Grant Scheme is open to every pharmacist resident in England. It is for pharmacists prepared to invest time in undertaking useful research in the field of practice.

Pharmacists working in any sector of the profession and academic staff of schools of pharmacy will be considered for the grant scheme.

The grants are intended to encourage and support individual pharmacists undertaking small research projects. The financial support is for personal time and costs directly related to this research work.

Our definition of practice research is broad and includes observational as well as experimental studies covering all relevant research methodologies. We are looking for research proposals that examine any aspect of the pharmaceutical service in the community or primary care sector. This does not preclude practitioners based in other sectors of the profession

applying, but any proposed research must specifically look at an aspect of pharmacy in the primary care or community sector.

The annual sum of money available for each grant is not large and applications for sums in excess of £15,000 are unlikely to be considered. However if you only require a small sum of money your application will be considered alongside other more ambitious projects.

Application forms and further information can be obtained from:

Mr G Clarke at the Department of Health, Room 124A, Portland Court, 158-176 Great Portland Street, London W1N 5TB. Applications must be made by the pharmacist who intends to undertake the project work.

The Project Development Grants are funded as part of the commitment made to pharmacy practice research in the Primary Care White Paper, "Promoting Better Health."

The closing date for completed applications is 16th December 1991.

Pharmacy Practice Research Enterprise Scheme 1992.

INVESTING IN
PHARMACY
PRACTICE RESEARCH

CHEMEX '91

THE NATIONAL EXHIBITION
FOR TODAY'S MODERN PHARMACIST

Wembley Exhibition Centre,
London

29 and 30 September 1991

CHEMEX MOVES TO WEMBLEY!

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Exhibitors from every part of the industry will be at the show including:

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Toiletries	Babycare
Cosmetics	Shop Fitting Products
Fragrances	Computer and Software solutions
NPA Village - more NPA Suppliers than ever before	

New for Wembley this year!

- * A special fully staged Advisory and Demonstration Area, featuring hourly demonstrations and shows for pharmacists and counter assistants. A packed events diary will include vital topics for today's Pharmacy - Staff Training, Sales Techniques, Product Knowledge, Counter Prescribing and many more!
- * Discount Vouchers - money off voucher scheme with orders placed at the show. Save the cost of your visit.
- * Weekend Breaks - travel accommodation and theatre at low prices. See the show and thoroughly enjoy yourself!

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CHEMEX '91



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sensitive and broken skin.

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**THERE IS NOTHING DEADLIER TO LICE
OR KINDER TO SKIN THAN NEW DERBAC-C**

Pharmacists are reminded that the dispensing of EUSAPRIM in response to a prescription for SEPTRIN is a breach of the code of ethics of the Pharmaceutical Society which specifically states in paragraph 1.4(ii) that the drug dispensed must be precisely that which has been prescribed, except when substitution is made with the permission of the prescribing doctor, or in an emergency. The application of this rule, even to products imported under a PL(PI) was upheld by the European Court.

In addition, such conduct may amount to an infringement of trade mark rights.

In particular, it is an infringement of Wellcome's rights in the registered trade mark SEPTRIN to apply the mark SEPTRIN to tablets being sold or dispensed when such tablets were originally marketed under the name EUSAPRIM.

Over the last few years Wellcome has had cause to initiate proceedings against a number of pharmacists, importers and wholesalers who were engaging in this practice, and who have all settled with Wellcome by giving undertakings not to repeat such conduct, and by paying agreed sums towards costs and damages.

Wellcome will continue to take actions to protect its intellectual property rights.

Septin and Eusaprim are Trade Marks of The Wellcome Foundation Ltd



Wellcome

The Wellcome Foundation Limited,
Unicorn House, 160 Euston Road,
London WC1 2BP

QUESTIONS & ANSWERS

A script for electrolyte sachets can be met with a number of products — but that brings its own complications, as PSNC explains

Age: under 12 years
yrs mths

Initials and one full forename

Address

Pharmacy Stamp

Pharmacist's pack and quantity endorsement

No. of days treatment
NB Ensure dose is stated

NP

Pricing Office use only

*Rx Electrolyte Sachets
mitte 30
Sig mdu*

*Electrolade
Banana
16 ex 20
Claim B-B*

*Dioralyte
Blackcurrant
10 ex 20*

*Rehidrat
lemon/lime
4 ex 24*

Signature of Doctor

Date

IMPORTANT Read notes overleaf before going to the chemist

Form FP10 (Wa) (Rev 12)

A

1. The patient is an adult who pays prescription charges. How many charges should be collected?
2. How many professional fees would the pharmacist be paid?
3. The pharmacist has claimed broken bulk on 20 Electrolade Sachets. Would this claim be accepted by the Prescription Pricing Authority?

Q

1. One prescription charge is payable. (See Drug Tariff Part XVI Note H(i)g).
2. A fee for each flavour may be claimed, therefore this example attracts three fees.
3. The broken bulk claim would not be paid because the supply could have been made from 4 x 4 Sachets (ie the smallest pack available). See Drug Tariff Part II Clause 11B.



psst...

Listen very carefully,
I shall say this only vonce!
'ave you got the secret
pass to the evening of the
year?

Phone 0800 220425,* and I'll give you a clue.

UniChem

CROOKES
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*Freephone telephone number

ADVERTISEMENT FEATURE

New Pure and Simple range...





...promises to protect skin today. For tomorrow

The role model for the 1990s is not simply a successful working woman. She is also proud to be a family woman who cares for the future of her children and the future of the world they will live in. Who better to epitomise these concerns than Yasmin le Bon, the top model, mother and environmental campaigner, who will present the new Pure and Simple range in a national television campaign with a £1.6m (MEAL) spend during November and December.

Answering the need

The thoughtful '90s woman seeks quality, non-gimmicky products with proven benefits for optimum performance. The relaunched Pure and Simple

range offers a combination of high performance products and stylish new packaging to present an integrated range that offers formulations created to fulfil the promise to "Protect your skin today. For tomorrow". The new range offers clearly defined, specific product benefits which ensure that it stands out from the many other ranges currently available in the buoyant £378m skincare market.

A caring range

The range combines three moisturisers, a cleanser, a toner and a facial washing gel. The new range responds exactly to consumer buying patterns. Moisturiser is seen as the single most essential item, accounting

for 40 per cent of the market, followed by cleansers (23 per cent), washes (20 per cent) and toners (13 per cent). Reflecting today's caring society, each item contains only non-animal derived ingredients. Each product is dermatologically tested to ensure the greatest protection possible against adverse reaction and is tested on humans for irritancy.

The three superb moisturising products offer women a complete, top to toe moisturising system for all their skin nourishing needs, with strong product claims which underpin the aim of Pure and Simple to be the most effective skincare range on the market.

The Light Moisturising Lotion contains UVA and UVB filters for

extra protection from the sun, and glycerin for its superb, long-lasting moisturising properties. It is easily absorbed, providing deep moisturising protection all day long helping to delay the signs of ageing, and smoothing and softening the skin for a supple and radiant complexion.

Body Conditioning Lotion is a light, non-greasy formulation which gently conditions the skin and provides deep moisturising protection — all over.

New Replenishing Cream for Dry Skin not only combats dry skin, its unique patented formula actively encourages healthy skin growth, making dry skin behave and feel like normal skin, both improving its texture and eliminating flaking. It provides excellent long-lasting moisturising properties which supplement the skin's own natural oils, while its unique formulation slows down the skin's cell shedding process. Clinical trials show that after only 2-3 weeks use dry skin starts looking and feeling noticeably softer and smoother.

Pure and Simple Deep Cleansing Lotion has always been a firm favourite with consumers, and the new formulation enhances its product benefits with a non-greasy formula to give a really deep down cleanse, helping skin to look young and healthy.

Pure and Simple Gentle Skin Toner has been reformulated to improve its performance and to include only non-animal derived ingredients. It is alcohol free and pH balanced to refresh without harshness.

Pure and Simple Facial Washing Gel is 100 per cent soap free and contains a skin conditioner for improved softness and smoothness to give a deep-acting but non-drying cleanse for every skin type.

Packaging quality

The consumer will certainly notice the new, impactful and sophisticated packaging. Chosen to reflect the performance promise and quality of the product within, the cellophane wrapped individual cartons emphasise purity, and the design itself embodies the theme of quality and simplicity with its white background, enhanced by silver graphics. Loyal users will instantly recognise the "moon" logo, now highlighted with purple trim.

The new Pure and Simple range is available now, and will be supported by a new national TV campaign with top model, Yasmin le Bon, and also by a heavyweight PR programme. Consumers will be reassured by the unrivalled research and development heritage and expertise of SmithKline Beecham Personal Care, manufacturers of the Pure and Simple skincare range, and will know that these products have been formulated to offer superb benefits and excellent performance for all skin types.

SmithKline Beecham Personal Care, SB House, Great West Road, Brentford, Middlesex TW8 9BD. Tel: 081-560 5151.

SIMPLA

Investing In Healthcare

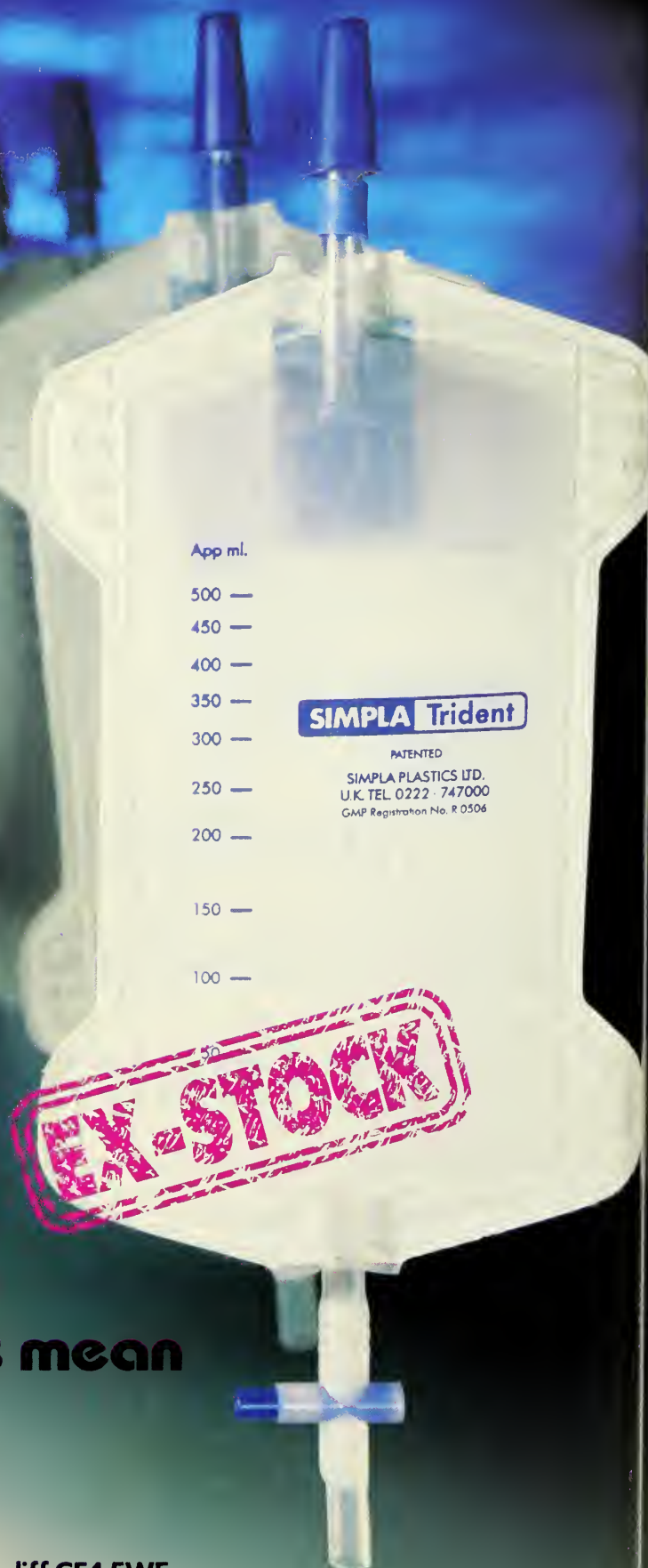
- Early in 1991 you noticed a shortage of Simpla Bags as the 'Free' market came from Europe to Britain.
- During 1991 Simpla have invested heavily in one of Europe's most modern factories. Simpla are now fully operational, offering **British-made** products.
- The complete range of Simpla Trident Leg Bags are now consistently available through wholesalers.
- We are supporting Britain – Thank you for your support in 1991.

Healthy Companies mean a Healthier Britain

Designed and made in Britain GMP No RO 506

For information on Simpla products write to:-

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Catching on to colostomy

A colostomy is formed using part of the colon to create an artificial opening (stoma) on the abdominal surface, through which waste matter passes.

The stoma does not allow control over the passage of waste matter, so a collection appliance needs to be worn continuously.

Descending and sigmoid colostomies are usually permanent, and reasons for surgery include rectal and anal cancer, trauma and spinal cord injuries. A transverse or loop colostomy is usually temporary and may be formed in cases of diverticulitis, fistulae or colonic cancer, for example.

If all the colon has been removed, an ileostomy is performed and the ileum is brought to the skin surface, which is usually permanent. It may be required in cases of ulcerative colitis or Crohn's disease.

Waste matter from an ileostomy is usually liquid and continuous, whereas that from a permanent colostomy is more formed.

Which appliance?

There is certainly a lot more to stoma care than just a collection bag. "The principle needs of the patient are discretion, security and skin care," says Andrew Pearce, divisional director of ostomy, Convatec.

A far cry from the original bags, modern stoma appliances are made of plastic and strive to be lightweight, rustle-free, waterproof, odour proof, discreet, secure, and kind to skin. Gone are the days when removing the bag was likely to remove skin, too!

One or two?

Appliances are available in one or two-piece systems, depending on personal preference. A one-piece has the collection bag, seal and outer ring in one unit, while the two-piece has a flange applied to the skin surface and the bag attached.

Although two piece systems require some dexterity, their main advantage is that bags can be changed without disturbing the stoma or surrounding skin. The skin barrier only needs changing once every three to five days. One-piece systems require changing when the bag is half full.

Both types are available in flesh coloured or clear — flesh coloured is often found to be more cosmetically acceptable. A hole in the seal is either pre-cut or cut to size, to fit closely

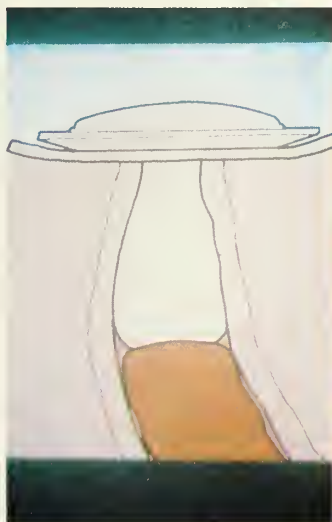
There are around 50,000 permanent colostomists in the UK and these will obtain their stoma appliances on prescription. Understanding the condition will help to understand the patient



Modern stoma care



A selection of closed and drainable pouches



Conseal features a unique foam plug. The filtered cap eliminates odour and allows flatus to pass through

around the stoma.

Drainable pouches are suitable for ileostomies and temporary colostomies but not for the permanent colostomy.

Choosing

The original stoma care supplied on the hospital contract may not be the best for the patient, and they should be encouraged to "shop around" to tailor the appliance to their requirements — but not too soon. It is important for a patient to adjust to the idea of a stoma and gain confidence, so that their exact requirements can be pinpointed.

No bag!

For patients who cannot get used to a bag, irrigation of the bowel may be a suitable alternative, but it is time consuming, requiring about an hour every 24-48 hours. Some believe it may eventually decrease bowel function, and medical opinion should be sought before it is attempted.

Stoma caps or mini pouches can be used temporarily — during swimming, for example.

Coloplast's Conseal device is said to have revolutionised stoma treatment for many patients and is the closest attempt yet at achieving continence. It consists of a foam plug which is gently inserted into the stoma, expanding to block faeces by dissolution of the surrounding water soluble film.

Conseal can be removed at the patient's discretion and the contents collected into a bag. The original Conseal, introduced around three years ago, was modified last year to aid insertion, overcome expulsion problems and avoid leakage.

Courtesy: Coloplast

Surgical business such as stoma care is becoming more important to pharmacists, says Nigel Green, surgical marketing manager of AAH Healthcare.

"And once you get the prescription the first time, you'll keep it," he says — providing the customer is satisfied.

Peter Stockley, internal sales manager of specialist wholesalers Thames Valley Medical says the pharmacist is well poised to answer the stoma patient's more mundane inquiries which perhaps do not warrant an appointment with the stoma nurse.

Common questions

The majority of ostomists cope and are surprised at how simple the stoma care routine is, says Barbara Stuchfield, stoma nurse at the Royal London Hospital. But patients can take around a year to adapt, depending on the underlying illness, and most new patients require more help initially as the stoma settles.

Stoma appearance It is important for patients to monitor the stoma carefully, and report to their GP any changes in size, colour, shape or condition.

The stoma may initially be quite large after surgery, but will gradually shrink, so appliance size may need to be changed to ensure a perfect fit and prevent leakage. Manufacturers provide measuring cards to determine the size of the stoma, and these can be kept in stock. Some patients are initially alarmed by the red, moist appearance of the stoma after surgery. It has a blood supply but is insensitive to pain, so accidental injury should be guarded against.

Bleeding Surface bleeding can occur if the stoma is cleaned too vigorously, but this is not usually a cause for alarm. However, bleeding from inside the stoma should be reported to the doctor.

Mucus secretion is normal. **Odour** Many stoma bags are made of laminated film to prevent odour, and one piece systems can have flatus filters attached. Deodorant drops can also be added to the bags — an example is Loxley Medical's new Day Drop stoma deodoriser.

Security and comfort Although the adhesive on an appliance should be sufficient, a belt can be used, or women can wear an adapted corset for extra security. Bag covers are also available. For discretion, bags are often made of rustle-free material.

Lifestyle The stoma patient's lifestyle need not change drastically. For travelling, often a worry, some manufacturers provide travel kits and booklets are available — Coloplast's new travel guide, for example. A common question is "Will the bag blow up on the plane?" The answer is "no". For sports such as swimming, stoma caps or mini pouches can be used for limited periods, and the revolutionary Con Seal from Coloplast eliminates the need for a bag to be worn (see p533). Disposal can be a worry — Simcare Symphony is the only disposable colostomy bag, and has won the Queen's award for technological achievement. An opaque version

Prescriptions with a consumer flavour

Unlike prescription medicines, the patient can choose from a vast array of colostomy appliances. The counselling role should not be underestimated, particularly as specialist help is one of the main reasons patients take their scripts elsewhere...



Courtesy: Coloplast

and a starter hole size were added this May.

Skin irritation

For extra skin protection, protective sheets, rings, film and barrier cream will help. These prevent soreness and allow damaged skin to recover.

Reasons for skin irritation are: **Leakage** An ill-fitting appliance will cause leakage of irritant waste matter onto the skin, so the stoma size should be checked against the manufacturer's measuring card regularly. Leakage may also tend to occur if the stoma has been sited near a skin fold, and the elderly with poor eyesight and poor dexterity may have difficulty in affixing the appliance correctly.

Constant removal can cause skin irritation — a two-piece system may help as the skin barrier is changed less often.

Allergy to adhesives and creams is possible, so alternatives should be used, and hypo-allergenic materials such as Stomahesive are available. Ileodress Plus, a one piece drainable pouch, was launched earlier this year by Convatec, and can adhere to wet or exorised skin. Benefits are said to be simplicity, skincare and a discreet soft closure tie.

Care of the skin Skin should be washed with warm water and tissues, rather than harsh solvents, soap or disinfectant. Avoid drying with cotton wool or talc which can prevent the fresh appliance from adhering properly. The skin around the stoma should be shaved regularly to avoid inflammation of hair follicles.

Diet and drugs

A regular balanced diet will help the stoma to work more effectively and reduce the incidence of constipation, diarrhoea, wind, and odour. Patients should be encouraged to eat what they fancy, and discover by trial and error which foods should be limited. Methylcellulose may help regulate the faeces initially, when the stoma's action is erratic.

Patients may well seek advice on the effects of drugs on the stoma. As well as causing a colour change in the faeces, the ostomy may render some drugs inactive (see tables).

Drugs: colour changes

Drug	FAECES Colour
Antacids	White, grey or speckled
Antibiotics	Green, grey
Anticoagulants	Pink to red to black*
Bismuth salts	Black
Charcoal	Black
Iron salts	Black
Heparin	Pink to red to black*
Indomethacin	Green
Phenylbutazone	Pink to red to black*
Salicylates	Pink to red to black*
Senna	Yellow-green to brown
* Suggests bleeding	

Ostomists and drug therapy

1 = Probably OK 2 = Adverse effects 3 = Possibly ineffective
4 = Probably ineffective 5 = Avoid if possible

Drug	Colostomist	Ileostomist	Notes
Alcohol	1	1	Moderation
Antibiotics, oral	1	2	Interference with flora*
Antihistamines	1	2	Secondary anticholinergic
Analgesics			
— Salicylates	1	1	
— Opiates	1	1	Possible constipation
Antidiarrhoeals	1	1	
Antidepressants	2	2	Anticholinergic, constipation
— Tricyclics			
Antipsychotics	2	2	Anticholinergic, constipation
— Phenothiazines			
Anti-anxiety	1	1	
Antacids			
— Aluminium & calcium based	2	2	Choose dependent on consistency.
— Magnesium based	2	2	Balance of Al + Mg preferred
— Sodium based	2	2	
Antihypertensives	1	5	Electrolyte balance
— Diuretics			
— Beta blockers	2	2	Constipation
ACE inhibitors	1	1	
— Methyl dopa	1	2	Diarrhoea
Steroids	1	2	
Sulphonamides	1	1	
Oral contraceptives	1	3	
Form of drug			
Gelatin capsules	1	1	
Sustained release	4	4	
Enteric coated	3	4	

* Addition of natural yogurt or buttermilk to diet may be helpful

These tables are reproduced from "Helping Ostomists — the pharmacists' guide to stoma care" prepared by Convatec in conjunction with the National Pharmaceutical Association.

Fighting over the fees

The bone of contention between appliance contractors and pharmacists centres around the difference in their remuneration for supplying these goods on prescription

Appliance suppliers receive remuneration based on a graduated on-cost of around 25 per cent. This allows them to fund a variety of patient services including home visits, patient fitting and advice, and they often employ qualified staff — but not all provide these services.

Meanwhile pharmacists receive a set on-cost of 5 per cent with an average deduction of 9.67 per cent. This means effectively that individual prescriptions for appliances can be dispensed at a loss.

The Department of Health proposed paying appliance suppliers on the same basis as pharmacists from this April. But the proposal has been shelved for further investigations, following strong objections from the British Surgical Trades Association and other appliance contractors.

They say that the DoH was unaware of the extensive service provided by many of them, which justified their extra remuneration and would be seriously threatened if the proposals were carried out. An independent review of appliance dispensing was also commissioned by the BSTA and submitted to the DoH.

Despite the fact that appliance contractors are paid more, they are not specifically paid extra for services, says Steve Axon, secretary, Pharmaceutical Services Negotiating Committee. No survey is known to have been carried out either independently or by the DoH relating to the standard of service or the relative costings between pharmacists and appliance contractors.

Pharmacists cannot register as appliance contractors unless they have separate business premises for the purpose, which are not registered on the Pharmaceutical List.

Most agree that pharmacists deserve the same remuneration as appliance contractors if they are providing the same service. Peter Bullen, chairman of the dispensing appliance contractors section of the British Surgical Trades Association, agrees: "If a pharmacist is prepared and willing to become involved, then there is no reason why he can't do it as well," and, he says, some already do. "If so, they should be paid 25 per cent," he says. However out of the 500 or so pharmacists he deals with he can "count on one hand" those who are particularly knowledgeable. He says the rest appreciate the service as a specialist area.

But many pharmacists already provide a first-class service. The pharmacy provides an opportunity for counselling and also for dispensing medicines at the same time — a service not provided by appliance suppliers. Delivery and consultation are also provided in many cases.

Gordon Geddes, assistant secretary, PSNC says that if pharmacists were paid more to provide an additional service, there would be less money in the system for use elsewhere in pharmacy as it works on a global sum basis.

Dispensing appliance suppliers are dubious about pharmacists' ability to provide a private and confidential fitting service due to space limitations in the pharmacy. And patients

The British Surgical Trades Association

All appliance suppliers are controlled by the FHSA, but the BSTA polices the ethics of how contractors run their businesses.

"Appliance suppliers come in many guises, some offering a highly professional, total appliance dispensing service, some offering a professional restricted service, and others offering only mail order of a restricted range", says Peter Bullen, chairman of the dispensing appliance contractors section of the BSTA.

Some 60 dispensing appliance contractors are BSTA members — examples are Thackraycare, Charles S. Bullen, and Nightingale Ostomy. They are required to comply with a code of practice, which includes the requirement that a secure sound-proof fitting room, with washing and toilet facilities must be provided in each centre. Patient records must be kept, and patients must be made aware of choice.

Members of BSTA are qualified, and Mr Bullen feels that one anomaly is that a qualification is not required to register as an appliance contractor. "A guy selling Mars bars today can be an appliance contractor tomorrow," he says.

Profitability of supplying 50 appliances at a cost of £40 each (From: Martin Bennett, secretary, Sheffield LPC)

	Pharmacy	Appliance Contractor
Tariff value	£2000	£2000
Plus on-cost	£100 (5%)	£500 (25%)
Less discount	£160 (-8%)	£0
Plus fees	£50 (50@£1)	£1 (50 @ 2p)
Total payment	£1990	£2501
Actual cost (say Drug Tariff less 5%)	£1900	£1900
Gross profit	£90	£601
% Gross profit	4.5%	24%

would probably have to return to the pharmacy to pick up the prescription once it had been ordered, they say.

The onus would therefore be put back on the community to provide the service, with costs to the Health Service, if the proposal was adopted, they believe.

Appliance contractors say that the discrepancy between their remuneration is much less than has been suggested, with relative cost of the different methods varying with the cost of the appliance to be dispensed.

They say that pharmacists dispense large volumes of low value prescriptions, while appliance contractors dispense a low volume of high value prescriptions.

The proposed remuneration formula favours low value prescriptions and is therefore appropriate for pharmacists, while dispensing appliance contractors mainly supply high value items and devote a lot of time to counselling, they say.

Appliance contractors say that appliance dispensing only forms a small part of a pharmacist's business, and they also receive additional payments such as the dispensing fee. But in some cases, these extra payments have been exaggerated — domiciliary visit reimbursement for delivering appliances, for example.

Another complaint from appliance contractors was that the proposal flies in the face of the two main aims of the Government's White Paper, to introduce competition and a greater private element into the Health Service.

"It would therefore be expected that the Government would wish to encourage such a service, rather than undermine its financial viability," said the independent review.

"Pharmacists and dispensing

appliance contractors are two different animals geared to two totally different markets," says Mr Bullen. "In my view the appliance contractor is setting out his stall to supply a relatively small sector of the market with fairly sophisticated devices. Pharmacy contractors are supplying a different market."

Mr Axon disagrees: "If that were the case, why are appliance contractors advertising heavily to attempt to attract business from the pharmacy sector?" He points out that all appliances supplied by either an appliance contractor or pharmacist are within the Drug Tariff, so reference to "sophisticated devices" supplied by appliance contractors is illogical.

"In the view of the PSNC there is nothing that appliance contractors can provide that the community pharmacist cannot provide," says Mr Axon.

A solution?

"It doesn't have to be an either-or situation, says Sheffield Local Pharmaceutical Committee secretary Martin Bennett. "The same sized cake could be divided up differently."

"I think the answer is to have a method of claiming at various levels." He envisages a flexible system so that appliance contractors and pharmacists would be paid at a rate depending on the amount of service offered. Purely mail order services would then receive less remuneration, but pharmacists could receive the same amount as dispensing appliance contractors if they offered the same service.

"There are some very good ostomy appliance services. We've got to support these as well," says Mr Bennett. "But the present system is not logical."

Picking up problems...

An ostomist without the occasional problem is rare, but what is the best way to latch onto a problem? Tact and discretion are certainly required...

- When dispensing a prescription, reinforce the message that help and advice are available
- Look out for patients getting through a large number of appliances. This could point to a psychological problem — the patient may feel unclean and be changing bags as soon as waste matter appears. Alternatively, the flange may not be adhering properly. Frequent changing can also lead to skin irritation
- If a patient does not have items such as deodorants on their script, make sure they know of their availability — tactfully!
- Offer as much privacy as possible — counsel in the dispensary or in a quiet corner of the shop if a consultation room is unavailable
- Offer house delivery for bulky items
- Wrap items in plain bags
- Avoid shouting across the pharmacy "Here's your bags!" — apparently a common criticism of pharmacists
- Anticipate new demand by liaising with the stoma care nurse
- Stock samples of different brands to show to patients
- Provide literature and phone numbers of contacts such as the British Colostomy Association and local stoma care nurse. The BCA can put patients in touch with other members, too.
- Be knowledgeable about common patient queries.

The Pharmaceutical Services Negotiating Committee says that the majority of appliance contractors operate through mail order. These mail order outlets have sprung up since the '80s and many offer no professional advice. But Simcare say that companies offering a delivery service are gaining an increasing number of customers.

Manufacturers who offer a direct mailing service for patients' prescriptions are registered as appliance suppliers and therefore receive the 25 per cent on-cost remuneration.

Salt & Son Ltd say around half of their business is directly from patients, but this is still not as much as they would like because, says group product manager Robert Pringle, "more money is made on it."

But the company says that it backs up the mail order service with stoma nurses throughout the country working for their various branches. "We provide a package, not just delivery of a bag to the door," he says.

Most appliance contractors registered with the British Surgical Trades Association claim that mail order is only a small part of their business.

One large ostomy wholesaler says 95 per cent of its business is through retail pharmacy; Thames Valley Medical put mail order as a sideline at less than a tenth of their business.

But Peter Stockley, internal sales manager, TVM says there are always pharmacists who cannot be served by a pharmacist — many health professionals agree.

Its convenience appeals to the elderly, housebound, and those living in rural areas, while delivery is another reason as

Mailing away

The argument over fees hinges too, on the purely mail order service that many appliance contractors provide

supplies can be despatched in brown paper.

"I would question which patients can't be supplied by a pharmacist," says PSNC secretary Mr Axon.

"Basically mail order is what the majority of pharmacists tend to do," says Mr Bullen of BSTA.

"All they do is dispense the prescription that is presented. Order and supply is what they're there to do. A mail order house does the same thing: it provides a similar, and possibly a quicker service," he says.

Mr Axon says that mail order itself contains an inherent delay, whereas the pharmacist is accessible straight away and can also give professional advice.

"I can see the advantages and disadvantages in all areas of supply. My own logical view is that if there wasn't a part for various players to play, they wouldn't be in the market," says Mr Bullen.

But he adds that the downside is that purely mail order services are eroding the market for those who want to provide a more professional service. "The Department of Health will have to make up its mind what it wants," he says.

Another point is that mail order is inappropriate for NHS items coded on a regional basis, because one Family Health Services Authority will be left to pick up the bill, says Sheffield

Local Pharmaceutical Committee secretary Martin Bennett.

On leaving the hospital, the patient should be informed of all the choices available for obtaining supplies: the pharmacist, dispensing appliance suppliers and mail order. "Generally 80-90 per cent will opt for chemists because they are helpful," says Barbara Stuchfield, stoma nurse at the Royal London Hospital.

However, Alan Eyles, pharmacist liaison advisor to the

Ileostomy Association, says not all members were aware that the pharmacist could supply.

"It is better for the patient to be in touch with the pharmacist rather than the postbox," says Dave Watkinson marketing anager, AAH. "It would be very easy for us to set up a mail order system but our job is to support pharmacy."

Convatec do not supply directly to patients: "We like to work within the NHS and let our products sell themselves," says divisional director of ostomy, Andrew Pearce.

Few if any of the major manufacturers are registered with the BSTA, says Mr Bullen, because they do not fulfil its code of practice which requires that a manufacturer is not favoured and that patient needs are put before commercial interests.

The stoma nurse

Choice of stoma appliance is increasingly becoming the responsibility of the stoma nurse — a useful source of advice and information for pharmacists

Stoma nurses provide specialist advice and care for stoma patients before and after surgery, and in both hospital and community settings. The stoma nurse is also aware of costs and suitability of products, and of what is supplied on the health authority contract. In essence she is a vital link between stoma patients and the pharmacy — the stoma nurse can recommend the pharmacist and vice versa.

"Relations with stoma care nurses are an ideal way of keeping business because there are a lot of referrals from them," says Dave Watkinson, marketing manager, AAH. Also, if pharmacists know of new patients in advance, they can ensure their supplies are in stock.

"The main role of the stoma nurse is support and advice," says Barbara Stuchfield, a stoma nurse at the Royal London Hospital. "It is not just a matter of changing a bag and dealing with sore skin". Before the operation patients may be informed of various options available, and are generally reassured. "Most common questions at this stage are: Can I cope? Will I smell? and Will people notice?" she says.

Some patients were initially worried about how the financial implications of trust status would affect their choice of supplies, says Mrs Stuchfield, although this has not been a problem.

Many companies employ nurses. But a worrying trend over the last few years is the emergence of stoma nurses sponsored by manufacturers, who pay their salary although they work within the NHS. This is worrying — for patients, in that they might not get the choice, and for pharmacists, if these

nurses supply products directly.

Some stoma nurses were also concerned that the emergence of these nurses would threaten their jobs, particularly as sponsoring may well be financially favourable to trust status.

A spokeswoman for Dansac, a stoma care division of Cambmac, told C&D: "It is known that we sponsor nurses to hospitals." But she refused to comment further, saying that the information is confidential.

Peter Bullen, chairman of the dispensing appliance contractors section of the British Surgical Trades Association, says of sponsored stoma nurses: "I see them as being put in a very compromising position," adding that if a nurse is employed by a company, it is likely to have "a strong influence" on the brand supplied.

But he adds: "In my view it is possible for a sponsored nurse to be impartial. It might be difficult, but it is possible.

"I'd be the last to criticise the choice of product that a stoma nurse chose because I'm sure professional responsibility would come before commercial interest," he adds.

Nigel Green, surgical marketing manager of AAH Healthcare agrees: "A lot of nurses are sponsored by manufacturers but the nursing aspect comes first. Companies do it to get feedback."

Convatec is one company that do not sponsor nurses, and claim to be leaders in the stoma care field. "We like to base our success on making sure our products are right and providing a service instead of trying to skew the marketplace by sponsoring nurses directly," says Andrew Pearce, divisional director of ostomy, Convatec.

A look inside

The dispensing appliance centre Nightingale Ostomy Ltd in Cardiff was launched seven years ago by SRN Beryl Thomas, and offers a service for stoma patients in the community

Although the prescription will be the same as that dispensed by a pharmacist, Mrs Thomas believes that confidential specialist advice, knowledge and domiciliary visits are the main differences between a dispensing appliance centre and a pharmacy.

Around 99 per cent of patients are seen personally by one of the two nursing staff at Nightingale. Patients either visit the centre or are visited at home, and a free delivery service is available.

"It's a totally different set up to a chemist's shop," says Mrs Thomas. Nightingale have a clinic where the majority of manufacturers' products and literature are permanently displayed against a setting of cane furniture, magazines and a permanent floral display. "We try to make it appear as non-medical as possible," she says.

Patients are always seen by appointment and relatives are

also encouraged to visit. Some £30,000 of appliances are stocked and GPs, pharmacists and district nurses also use Nightingale as a resource centre for supplies and advice.

Home visits are particularly valuable when a patient has just left hospital and is faced with managing their stoma with little help, says Mrs. Thomas. By encouraging patients to go through a routine of caring for the stoma, they adapt much quicker.

Nightingale also do monthly visits to rural areas such as Powys to deliver supplies and liaise with GPs and nurses.

Meetings for patients are held several times a year in conjunction with stoma care nurses and charity associations.

The personalised service goes right to the last detail: "All my patients have a Christmas card giving details of our Christmas and New Year holiday closures," says Mrs Thomas.

Tackling a tricky problem

The fact that everyone is born incontinent is probably one of the main reasons for shame and embarrassment over incontinence later in life, says Nigel Green, surgical marketing manager of AAH Healthcare.

"In many cases it is the observant pharmacist who should be able to spot the hidden incontinent who require help," he says, and it is the pharmacist who is in the perfect position to instil confidence. But bringing incontinence away from the brown paper bag syndrome is no easy task because of the huge embarrassment block.

In addition to dispensing prescriptions for drugs, catheters, leg bags and penile sheaths, the pharmacist's role is also to be able to direct the patient to further help — the area continence advisor, district nurse, or GP.

Incontinence pads and pants are not available on prescription, and attractive display of these in the pharmacy will encourage sales. Sales should be encouraged, particularly as other outlets are now providing competition — hospital shops and sometimes the continence advisor, for example.

The chronic nature of the condition favours constant sales.

The 3.5 million known incontinence sufferers in the UK are only the tip of the iceberg, and embarrassment is the main stumbling block that prevents sufferers seeking help. C&D looks at the pharmacist's role in this distressing condition



Kimberly-Clarke launched a merchandising stand several years ago when they launched Depend. Those interested in one can ring 0800 52125.

But it is important to remember that many hidden incontinent can be improved with medical help — pelvic floor exercises, (using pelvic cones such as Femina), electrostimulation (with devices such as Acupad NTS 1035), bladder retraining, drugs and possibly surgery, as well as use of either an in-dwelling or intermittent catheter. (C&D July 6 p39). Pads and pants should be seen as a temporary measure, not a permanent solution.

And the satisfied customer will return. "Not only will customers come back and say thank you, but they will keep on coming back," says Dave Watkinson, marketing manager, AAH.

Although the major problem is acknowledging the condition, it is a sad fact that some incontinent will always slip through the net. "A lot of people are not capable of seeking advice, they just exist at home," says Charles Rowlands, product manager of Simpla.

But it is already evident that changes in the health care structure is putting responsibility for healthcare back on the patients, with the onus on them to supply themselves at their cost. "This will only increase as GPs protect

Continued on p538



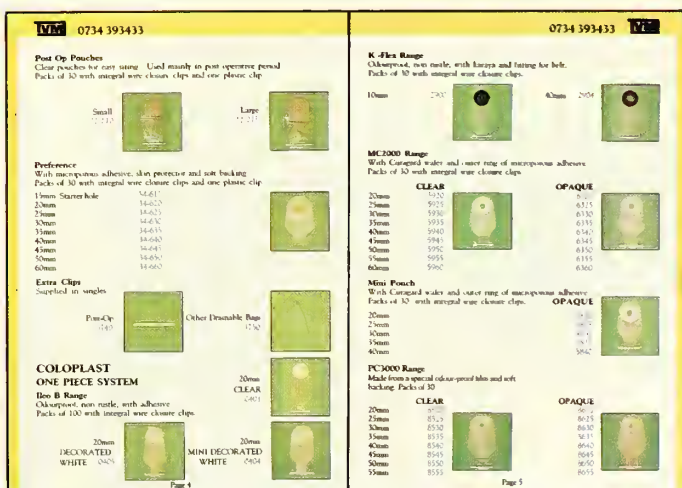
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Continued from p537
budgets for use in other areas," says Mr Watkinson.

Health authorities can supply pads and pants to sufferers, even though they are not available on prescription.

"But incontinence supplies can be haphazard, with some patients being supplied while others are not," says Martin Bennett, secretary of Sheffield Local Pharmaceutical Committee. In Sheffield patients in nursing homes receive pads and pants but not those at home, he says. Many are also bought too, as sufferers do not always like what they are given. Mr Bennett believes tokens that could be redeemed in the pharmacy against a choice of over-the-counter incontinence products would be a good idea, both for the patient and the pharmacist.

Growing awareness of continence advisors should help to bring incontinents out of hiding. The continence advisor aims to promote continence and manage incontinence, with their exact role varying from region to region.

Many continence advisors are looking for a good supply route, and it pays to take a proactive approach — seek out and liaise with them. As well as being the person to refer sufferers to, continence advisors are also aware of what is available on the health authority contract, so could well be useful for advice.

When nurse prescribing occurs the pharmacist will be the direct link, says Mr Rowlands. He believes that the pharmacist is an under-utilised source, although the company has recognised a great need for education. "Pharmacist's knowledge is not enough and is spread too thin," says Simpla's sales and marketing director, Stuart Baddley. This problem was highlighted in the last six months, since the company introduced a community team of five nurses to visit pharmacies in the North and Midlands. They plan to expand this service nationally next year.

Privacy

"The most important step a pharmacist can take, in my view, is to provide the environment to say to someone: 'Step in here'," says Mr Baddley.



Kylie lightweight absorbent bedsheet

Lancashire pharmacist Harry Dabbs agrees — he believes that a consultation room is essential. Since he started to display incontinence pads and pants three years ago, they have sold well. "But everybody would be embarrassed if they were tackled in the shop," he says. "If a patient doesn't relax, then they don't tell you what you want to know."

Display

Nicholas Laboratories say that in the past, sales of incontinence aids through pharmacies have been slow as they have been kept "behind the counter". But sales have increased in the past year which can only be due to increased awareness of the pharmacy as a place to buy the products, they say.

A notice displayed with incontinence aids can also be used to direct the sufferer to sources of further help, such as the pharmacist and the continence advisor. The AAH shelf insert (enclosed with this issue) is a good example. All notices should use simple words in large letters so they are easy to understand and suitable for those with poor eyesight — confusing words such as "incontinence" are best avoided.

As well as pads and pants, special bed and chair protectors, skincare products and deodorants could also be displayed, along with a range of leaflets — many customers will not want to ask for these at the till.

Customers will also not want to spend ages choosing a suitable product, so it is important that the display is eye-catching with a variety of brands and absorbencies to suit everyone's requirements. Display on a dusty bottom shelf just perpetuates the sufferer's shame and embarrassment.

It may be wise to display incontinence products near sanitary towels or nappies because although these are completely different products, many incontinents buy them, finding them more socially acceptable. In fact purchase of specific incontinence products may well put people off as they do not like to admit their condition. Yet unlike sanitary towels, incontinence pads are designed to contain urine and

some also have added benefits.

The Daisy range from Lic Care is treated with a bacteriostatic to help keep skin intact and prevent odour, by stopping bacteria acting on the urine to produce ammonia. "Some people are so aware of the smell they wash four or five times a day" says brand manager Heather Lower.

Manufacturers have strived to make packaging as discreet and appealing as possible. Unichem, for example, repackaged their incontinence range around a year ago with the emphasis on discretion. But like most manufacturers, they say: "Unfortunately the stigma attached to incontinence continues."

New developments

- Kylie and Kanga pads and pants and the Kylie lightweight absorbent bedsheet are currently Nicholas Laboratories' main pharmacy lines. A new reusable product for the consumer is planned within the next year.

- Robinsons Healthcare plan to introduce new skincare products to their Inco brand of incontinence aids. The first of these is Readiwash foam, a soap free, pH balanced cleanser, available this autumn. Readiwash offers natural skin protection through gentle anti-inflammatory and moisturising actions, say Robinsons Healthcare.

Script headaches

Catheter prescriptions are often a headache for pharmacists. The growing popularity of intermittent self-catheterisation has meant that it is sometimes unclear from a script whether this or a standard catheter should be prescribed. Indwelling catheters have a balloon, which is available in two sizes, plus a prefilled option. Intermittent catheters do not require this.

Male catheters have a longer tube and can also be used for females, though not vice versa as the female tube is too short.

A script for urinary leg bags also offers scope for variety. The bags are available in varying capacities. The 500ml size is standard, whereas 350ml is usually for children. A 750ml size is also available. Night bags generally have a capacity of 1,500-2,000ml.

Manufacturers have strived to produce the ideal leg bag, bearing in mind that users often have poor manual dexterity. Non-return valves prevent reflux of urine up the tubing, while flexible tubing prevents kinks. Easy-to-use outlet taps, plus protected sampling ports to prevent needlestick injuries are also available. Expanding capacity bags help to reduce the variety of sizes that need to be stocked.

Incare's leg bag has expandable side pleats which allow outward expansion of the bag, enabling a greater volume to be contained in a shorter bag. The new Wallace Tri-Form leg bag has a three chambered design which wraps around the leg and prevents a fluid noise when walking because urine is distributed evenly between the chambers, says the company.

Help!

Many manufacturers offer an advisory service with trained personnel, along with an excellent range of literature for pharmacists and patients alike...

Some companies such as Convatec also sponsor study evenings for pharmacists.

Ordering codes for ostomy supplies are a big headache for many pharmacists, so various manufacturers have responded by producing reference books.

The latest is from specialist wholesalers Thames Valley Medical, who launched a free illustrated, colour-coded reference booklet for pharmacists in May. Photographs labelled with codes help with both ordering and counselling. There are plans to

update the booklet annually and add a similar one for incontinence aids.

"Pharmacists can't be expected to know all the new products," says Nigel Green, surgical marketing manager of AAH Healthcare. The idea of Healthcare is that it allows one ordering procedure for all manufacturers' products. It helps pharmacists to keep stock at manageable levels, and also provides a co-ordinated central information point, say AAH.

- See the enclosed AAH incontinence shelf insert.

For the patient

- British Colostomy Association, 15 Station Road, Reading, Berkshire, RG1 1LG. Tel 0734 391 537
- The Ileostomy Association, Amblehurst House, Black Scotch Lane, Mansfield NG18 4PF. Tel 0623-28099
- Most manufacturers have a freephone advisory service and also offer a comprehensive range of literature aimed at the patient. Free helplines offer more detailed information, often from a nurse. Some companies also produce magazines — examples are Simcare's "Talk-about" and Convatec's "Spectrum".
- The stoma nurse, district nurse and GP can offer further help.
- A collection service for disposables may be available through the local health authority
- For sources of help for incontinence, see C&D, July 6, p40.

Notified inspector visits 'ill-conceived'

The idea of notifying pharmacists of an inspector's visit was born out of the Working Party on Membership Public Relations, which had nothing to do with enforcement. "It should have been buried before it saw the light of day and put in the waste paper bin!" said Mr Appelbe.

He said notification was based on the wrong premise, that the membership disliked, or even hated, the inspectors. "Why did members elect me to Council as an ex-chief inspector?" The decision had not been based on any evidence whatsoever, but on hearsay and anecdotes. And no consideration had been given to the reduction in efficiency and effectiveness of the enforcement role, in spite of the inspectors' protestations.

The decision had not been taken for the benefit and protection of the public — the statutory role — but as a PR exercise. "May I suggest that it was perhaps to improve the image of the Council in the eyes of the membership?" Mr Appelbe said Parliament, the public, and other enforcement agencies would judge these actions. "The sooner this retrograde step is reversed the better. We cannot have an enforcement role that is not exercised effectively.

"If the profession does not wish to keep its wide enforcement role — a role that brings it considerable prestige — it should divest itself of it. Give it to the Medicines Control Agency or the police and allow the inspectors to become public relations officers. If pharmacy wants it, it should recognise that its inspectors are law enforcement officers and need to carry out that role efficiently, effectively, impartially and in equity."

Mr Appelbe spoke of the need for maintaining standards and for continuing education in connection with new roles — "There will be a need to test the standard of service and competence of practitioners on a regular basis. Perhaps the Statutory Committee should look at those pharmacists who fail to give a proper degree of skill and attention to their patients or who do not maintain a high standard of practice. Such charges are brought before the disciplinary committees of other health professions — perhaps pharmacy should follow suit and, incidentally, enhance its public image."

Many pharmacy premises did not stand up to close scrutiny. "Hygiene and cleanliness, good lighting and good layout give a professional image and attract

Council's 1989 decision to notify pharmacists in advance of visits by inspectors was taken without consultation, and against the considered judgment of the inspectorate, according to the then head of the Law Department, Gordon Appelbe. Speaking at the Lincolnshire LPC Conference on Sunday, he said the concept was 'ill-conceived, not in the public interest, and not in the long-term interests of the profession'

customers," he said. "Posters stuck all over the window or hanging from ceilings make a pharmacy look like a supermarket or bazaar — they certainly do not enhance the professional or commercial image of the profession."

Mr Appelbe said there was a need for the profession to be more assertive in its attitudes and actions against members whose practice did not meet those minimum standards laid down in the Code of Ethics. "Failure to do so could lead to more legislation or, far worse, a denial to pharmacy of the consensus to carry out, and obtain the funding for, the extended roles. Worse still, that the pharmacy was not the place to go to be diagnosed or treated."

Mr Appelbe said there was a need to bring pharmacy legislation up to date. With the advent of monitored dosage systems labelling regulations needed to be looked at as did those covering records, now that there were computer systems and micro films. There was also a need to reconsider the 19th century philosophy of supervision, and the whole



Gordon Appelbe

question of how medicines are dispensed and distributed from pharmacies.

The Pharmacy Act itself was "ancient" in legislative terms, he said. "We need to look at how the profession is controlled, monitored and managed. Such legislation could see an enlarged Council with appointees as well as elected and lay representation in addition to Privy Council nominees. Additionally we should welcome lay representation on the Statutory Committee," Mr Appelbe said.

And he backed the call made at the recent BPC by the retiring science chairman, Dr Eric Tomlinson, for non-pharmacist pharmaceutical scientists to become "part of our circle". This might need a change in the Charter.

A new Pharmacy Act might also consider the statutory registration of technicians within the profession. "Does pharmacy wish to control the education and training and subsequent activities of technicians or not?"

Throughout his paper Mr Appelbe argued that any profession should be practised in the interests of its clients and not its practitioners.

"The principles, written or unwritten, which are accepted in any profession as the basis for proper behaviour are the ethics of the profession... The public expects, and subconsciously recognises, that relationship of trust between themselves and a professional."

Professional status could only be enhanced in the public's mind by the attitude, competence, and appearance of each individual pharmacist and pharmacy, whether practised in community, hospital, industry,

Take opportunities in the new-style NHS!

Pharmacy and pharmacists should move carefully but quickly to become a part of the new thinking within the NHS, according to Brian Edwards, general manager, Trent Regional Health Authority

Within the NHS the patient took high standards and quality for granted; what the public was concerned about was the way in which they were handled. But he warned that individual professionals must monitor standards for themselves, and wondered if community pharmacy was sufficiently well connected into the audit processes going on in the

primary health care system in the hospital sector "I suspect we haven't connected you very well and that is a challenge..."

Mr Edwards said some things were changing in the NHS, while others were not. The NHS still tries to provide a free service on demand; GPs are still the gatekeepers to the hospital service, and clinical priorities still play the dominant role,

even in the new managed market.

The changes now abroad in the NHS were about ideas, not about organisation, and they would not fail. Powerful ideas were now at work, such as competition, separating out those who purchase health care and those who provide it, such as GP budgets and NHS Trusts.

continued on p540

"These ideas are pervading the system in a way in which straightforward re-organisation never could. That's why the NHS will never be the same again!"

Within an NHS with cash limits it was necessary to get supply and demand in balance. There are three ways of doing this, he said: to use the market; to use GPs as the gatekeepers to the hospital sector, or to allow clinical priorities to hold sway. What was needed was a middle way where competition could inject life and vitality into the system.

To find that middle way was the challenge for the new NHS. Because there was not enough money choices would always have to be made. For instance the drug erythropoietin could produce such dramatic improvements in patients with renal failure that it was "irresistible".



Brian Edwards

"But we have to give up something else to let that clinical advance move into general practice." Mr Edwards believes that allowing the purchaser and not the provider to dictate is the way forward.

"GPs are powerful instruments in shaping the patient's hospital experience. We have broken the mould! We are changing the boundaries of care." Hospitals now realised that if GPs don't send them patients they will go out of business.

What was needed was a seamless boundary between primary and secondary care — a shared care protocol. But it would need a minor miracle in cross-charging and billing to screen the patient from the change.

Mr Edwards said he regarded NHS Trusts as "a bit of an organisational sideshow within the NHS" — unless they did something radical with their pharmacies. "That may involve, interest and excite you." Joint ventures were almost certain with the larger pharmacy multiples. Many trusts would want their own promotional packaging — "the St Bartholemew's Aspirin" —

packed in their way to meet their needs.

But they might also move downstream, Mr Edwards said. "They could connect with general practice and with yourselves. Maybe the joint venture could be with your pharmacy rather than with Boots. The system should be sufficiently freed off for that to happen. That will represent an added professional challenge."

Mr Edwards said he wasn't suggesting this should be done nationally, just where it was sensible.

Pharmacists are a very talented, highly trained group of professionals not very well connected to the mainstream of NHS management, but amazingly well connected to the NHS consumer, Mr Edwards said. Pharmacists were surrounded by a web of bureaucracy and market

regulations. "It's a benign web, full of good intentions when developed, but it still smothers a great deal of innovation."

That web needed to be swept away to give pharmacists room to develop, innovate and be responsive to the citizen. He said pharmacists need to be complementary and supplementary to general medical practice rather than in competition with it.

Mr Edwards said he realised he was talking about a pretty fragile economy, particularly in the pharmacy business. So the changes in regulations needed to be made carefully but quickly.

While he did not know the content of the Working Party report on community pharmacy, he believed it would be behind the pace of current thinking because things were moving rapidly within the NHS,

particularly with regard to relationships with the consumer.

"I want community pharmacy to be connected to the prevailing NHS mood of doing things for people. I hope you can be!"

During question time Mr Edwards hinted that Trent RHA was looking at voucher schemes where people could add their own value to prescribed care. And he said he believed that expensive operations could be substituted by drug therapy when cheaper, but wondered if the cost of drug treatment wouldn't "creep up" to balance the books.

And Mr Edwards again emphasised his belief that there would be opportunities for small and medium chain pharmacies to be vertically integrated with the small and medium hospitals.

CE and audit — the way to professional improvement

The way forward for pharmacy is to improve the professional service given to the patient through continuing education and self- and peer-audit, Jeremy Clitherow, National Pharmaceutical Association chairman, told the conference

There was an on-going need for pharmacists to improve the professional product they offered the NHS market. If the pharmacist made delivery of that service better he would add value to the customers. To do this it was necessary to embrace that icon of treasurers — audit.

Self-audit to improve working practices was both responsible, and even better than peer-review if done properly. The longer pharmacists had been qualified, the greater would be their need for further education, but the greater their probable resistance to compulsory courses.

As well as self-motivation to improve service there was upward pressure from patients, family health services authorities through pharmacy advisors, the regions and nationally. Mr Clitherow believed the Health of the Nation Green Paper would be "magic for pharmacy" when translated into a White Paper. Mr Waldegrave had as good as said so at the BPC.

In future there could be practice certificates linked to continuing education, or FHSAs could introduce the need for CE into terms of service.

Continuing education could be through videos, computer discs, distance learning packages, postgraduate seminars, communication courses, or NPA training schemes for all pharmacy personnel, but certification was essential. Mr Clitherow said that, for him, peer review was the preferred option for assessment.

But who was to pay for CE? Mr Clitherow referred to the Scottish proposal to fund each contractor directly (C&D August 24, p300), and the Wirral scheme to provide a set number of training courses for assistants each year.

Through audit and assessment the pharmacist professional would be certain of the accuracy and validity of his advice. That self-confidence would present to the public through his appearance, self-discipline, and standards of care. And the public would also be able to check that services offered were 100 per cent complete.

A professional product would market itself, Mr Clitherow said. The public and the pharmacists' medical colleagues would become aware of the increased value of the pharmacist. NHS auditors would note the gradient of improvement as would the patient/voters. Government would take notice of those voters. And the profession would, therefore, be motivated to maintain the momentum.

"Between us may I suggest that is the mechanism for improving the professional," he concluded.

During questions Mr Clitherow established that all present agreed that continuation was the way forward, but he said that it should be at a level and by a mechanism of pharmacists' choosing.

CE should be permissive, user-friendly, non-judgmental and auto-motivating, he said. CE priorities should include



Jeremy Clitherow

communications, current drug therapies, and "top ten" PACT data. Clinical services and first aid should head the training list.

In response to a suggestion from the floor that there were no local NPA courses, Mr Clitherow undertook to bring before the NPA Board that week the request for a Nottingham-based course on coronary disease for Lincolnshire pharmacists.



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Herts pharmacist who stole from employers restored

A Hertfordshire pharmacist who stole from his employers seven years ago, then stole two years later from another employer who had been his referee, was on Tuesday restored to the Register by the Statutory Committee.

David Blake of 22 Coombe Road, Bushey Heath, had been reprimanded by the Committee in May 1984 after his convictions on charges of petty theft from his employers. There was a character reference at that hearing from Mr Peter Herman.

Mr Blake then became a manager for Mr Herman. But in January 1986 came before the Committee following a criminal offence of petty theft, only this time from Mr Herman. The Committee had then directed that he be struck off the Register.

At this week's hearing, Mr Alan Mann said his client admitted the theft of £100 from Mr Herman. Mr Blake could not understand why he had carried out the theft, but his wife was at that time suffering from problems because of experiences she had during the last war.

At an earlier restoration hearing in April, when Mr Blake was told to prove he had knowledge of the industry, he had brought with him a reference from a Mrs Rosita Rosenberg, which stated that she knew Mr Blake to be committed and

involved in voluntary Jewish community work.

On this occasion, Mr Herman gave evidence, admitting he was "bitter about Mr Blake". He now believed Mr Blake stole around £8,000 from him, adding: "I have come here today to pose the question that if you restore him to the Register, he will go into a pharmacy and the parties which employ him will not be aware of his past."

Mr Mann dismissed such statements saying Mr Herman had a "vendetta against Mr Blake".

Restoring him to the Register after reading evidence of his pharmaceutical practices, chairman Mr Gary Flather, QC, said: "There is nothing to suggest that Mr Blake cannot, with safety, be restored to this profession's Register."

Hackney pharmacist who supplied 'conman' restored

A Hackney pharmacist who acted like an "idiot" in supplying a "conman" with 500 anti-diarrhoea tablets a day, was on Tuesday restored to the Register.

Jeffrey Harris of 43 Evelyn Court, Amhurst Road, Hackney, brought on himself "shame, disgrace and a criminal conviction" when he began supplying Lomotil and Maxolon tablets without prescription, his counsel Mr Gerard Birmingham told the Committee. In September 1985 he pleaded guilty to five specimen charges of selling the drugs without prescription. He was struck off as a consequence in March 1986.

Over two to three years 400,000 Lomotil tablets were supplied to Mr Peter Widgery, now living in Kent, with an explanation they were for his wife. No money was paid for the drugs, leaving a debt to a pharmacy in New Malden, Surrey of £88,000 according to Mr Harris at the 1986 hearing.

Mr Harris, accompanied by his wife, said: "Mr Widgery was a speculator, I was conned completely and utterly became head over heels in muck."

Describing his client as an "idiot" who made the "greatest mistake in his life", Mr Birmingham said he had lost everything but has now brought himself up-to-date with the profession.

Restoring him to the Register chairman Mr Gary Flather, QC, said: "Although we are perplexed as to what happened and why it happened we are left with the feeling he may have been substantially manipulated by others."

Restored after vaccine incident

A Cambridgeshire pharmacist was restored to the Register on Tuesday four months after being struck off for dispensing an out of date flu vaccine.

At the hearing in February the Statutory Committee heard that Mr Peter Watson had supplied a vaccine of Fluvirin on September 28, 1989 from the pharmacy of which he is a director and shareholder at 5-7 High Street, Cherry Hinton, Cambs. Mr Watson admitted he had deliberately removed the expiry date of July 1989 from the vaccine. The matter came to light when the patient's GP refused to administer it, suspecting it was old.

Although the Statutory Committee had directed that his name be removed from the Register, they indicated they would entertain an application for restoration after three months.

At the restoration hearing Mr Watson said that it had been "one single stupid isolated incident which had never happened before." He guaranteed nothing like it would happen again. In the four months he has been unable to practice he has had to pay for locum cover.

LETTERS

Pesticide problems 'down South'

The Merseyside BPC session on pesticides was well worth while. Here in the South West there has been much concern over pesticides.

The first complaints were ridiculed and treated as "just in the mind", or "pull yourself together". However, with farmers having to give up farming due to the reactions, more official interest has been paid to the problem.

Drift spraying is another area. The Health & Safety Inspectorate has now urged farmers and agricultural workers to consider the hazards and risks surrounding the use of pesticides. The report shows 17 incidents last year and 38 statutory enforcement notices. Cases of temporary blurred eyesight, shaking and nausea after accidental spraying, swollen feet and blisters, and rheumatic pains. Could I ask my Ag & Vet colleagues to watch out for signs of pesticide poisoning.

A secondary concern has been residues, since humans can be affected. In sheep dipping the whole animal is immersed — hence some of the dip must be ingested into its system. When slaughtered, can there be residues to be absorbed into the human chain?

Mervyn Madge
Plymouth

Mediphase available to all pharmacies

Further to the article in **Topical Reflections** last week it is important to correct the assumption that Mediphase is only available to pharmacists using Medicopharma as a wholesaler, although in the near term, due to demand, priority will initially be given to retailers who currently use the company as their major supplier.

To clarify the position, Mediphase prices prescriptions at source to provide accurate information on NHS remuneration. This information is in no way linked to order transmission to Medicopharma depots. This system has been designed specifically to help pharmacists maximise their entitlement from the Prescription Pricing Authority and to ease the management of their business. The system will be on display at Chemex.

T. Dunn
Managing director, Pharmacy Systems Ltd

Walsall LPC looking for FHSA input

Walsall LPC has become increasingly concerned with the future of community pharmacy in Walsall. We are mindful of the fact that we are a resource to be managed by FHSA administrators and in order to provide positive input to the FHSA and increase their understanding of community pharmacy we are in the process of preparing a promotional document. We would like to hear from any other LPCs with similar projects in mind with a view to pooling ideas and possibly resources.

R.E Saunders

Walsall LPC
63a Broadstone Avenue, Leamore,
Walsall WS3 1ER (tel: 0922 494373).

No. of days treatment N.B. Ensure dose is stated	NP
Diazepam elixir 2mg / 5ml x 100ml	
Diazepam elixir for dilution as directed x 100ml	
Fluoxetine tabs. 20mg	

Pharmacist M Hudson of Tremlett's Chemists in Portsmouth describes this as a "most interesting script". The prescriber was contacted and syrup supplied for item two. After the first 5ml dose of the diazepam elixir is taken, 5ml of syrup is added to the 45ml left and the bottle shaken. After dose two is taken, 5ml of syrup is again added to the bottle. The diazepam strength gets more dilute with each dose. When no more syrup remains the dose of diazepam syrup remains constant at 0.756mg in 5ml, our correspondent writes

No. of days treatment N.B. Ensure dose is stated	NP
CATHETER FOLEY IN/OUT WELLING mitte 3, 16 FOR GIDDINESS	
JEL XYLOCAINE 2% mitte 40gm.	
2 Prescriptions on form	
And we thought catheters made your eyes water...	
No. of days treatment N.B. Ensure dose is stated	NP

Remove what from
①

Try this one for size... we are assured the script is for a Beconase nasal spray

Ferrosan buy BNP for £11.4 million

Booker Nutritional Products have been sold to the Nova Nordisk subsidiary Ferrosan for £11.4 million, including the repayment of some intra-group debt. The sales and marketing of BNP's products will be in the hands of a newly formed company, Healthcrafts, based at the BNP head offices at Byfleet, Surrey.

Mogens C. Pedersen is to be the new managing director of Healthcrafts, while Michael Evans moves to the post of managing director of Ferrosan Operations, based at Lewes, Sussex.

The Allinson wholemeal flour business, previously part of BNP,

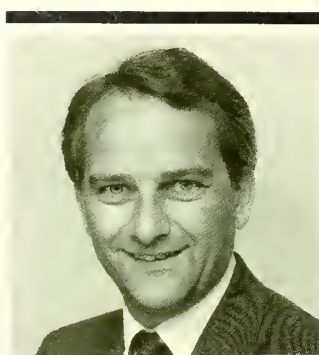
has been retained by Booker.

Danish company Ferrosan AS produces and markets nutritional products, dietary supplements and digestants. Managing director Kjell Bakke said of the takeover: "BNP's product range fits into Ferrosan's strategy not only with regard to expansion of our product portfolio but also with regard to expanding our geographical base. The present Ferrosan products will be marketed in the UK through BNP's organisation and BNP's product range will be marketed in Scandinavia."

Deirdre Moroney, managing director of BNP, said of the sale: "We welcome the change in ownership. The joining of the two market leaders presents new opportunities for us to develop our strong market position."

Booker's chief executive Jonathon Taylor said: "The transaction completes our

withdrawal from health products in the UK and sharpens our focus on key links in the food chain. The proceeds of the sale will be applied to further reduction of the Booker group debt. We will be reviewing the future of our remaining investment in health products, a 60 per cent shareholding in P. Leiner Nutritional Products in the USA."



Unichem's Jeff Harris

Unichem in fine fettle

Unichem have achieved a whacking 35 per cent increase in pre-tax profits in the six months to the end of June, rising from £7.2 million for the first six months of last year, according to *pro forma* figures, to £9.7m in 1991.

The Unichem board has also announced that finance director Jeff Harris has been appointed deputy chief executive of the company.

Unichem interims

Sales up 7pc to £452m

Pre-tax profit up 35pc to £9.7m

Earnings per share up 11pc to 6.2p

Interim dividend 1.7p

The unaudited results show a £30m hike in sales, up from £422m to £452m, a 7 per cent rise. The operating profit at £9.7m showed an increase of almost 11 per cent and it has been the balance of interest received to interest paid, at £7,000 this half year compared to £1.4m for the half year to July 1, 1990 which seems to have been the biggest improvement, a consequence of eliminating debt with the £25m rights issue earlier this year.

The figures show, as an extraordinary item, the cost of Unichem's bid for Macarthy — some £1m. The bid lapsed when it was referred to the Monopolies and Mergers Commission.

The company says that sales growth in pharmaceuticals was satisfactory but toiletries showed slower growth due to the recession.

Earnings per share are up just under 11 per cent to 6.2p a share.

Unichem's chairman Lord Rippon commented: "While we see no marked upturn yet in our markets, we believe we are well positioned to make further progress when the recession ends. Our balance sheet is strong, our gearing negligible and we are well placed to continue the development of our business."

Unichem have announced an interim dividend of 1.7p.

Financing the pharmacy

The Milbourne group are offering specially negotiated financial packages for pharmacists to either buy or refinance shop premises.

The commercial finance brokers are making money available for either freehold or long leasehold purchase, on a fixed or variable interest basis.

Secured loans of up to 100 per cent are on offer for sums between £40,000 and £2 million, and the company says unsecured loans are also available.

The rate currently available with the fixed rate scheme is 9.72 per cent plus 2-2.5 per cent, depending on the purchase. The alternative variable rate is the normal base lending rate plus 2-2.5 per cent.

Milbourne describe themselves as the largest independent commercial finance broker specialising in owner-occupied businesses. The group is said to have arranged some £250m of finance since the commercial finance division was launched.

Milbourne director Rod Milne says: "we have built a lot of flexibility into these packages. For example, repayments can be interest-only coupled with an endowment pension plan, capital and interest with term assurance, or a combination of the two."

The group, which is said to have had a £1.5m capital injection earlier this year to improve its secondary lending capabilities, normally charges no fee until the loan is secured. An application fee of £250 is refunded when the loan is advanced. Tel: 081-949 7976.

The Jay Group regroup

Foster Grant sunglasses suppliers the Jay Group have been through a management buyout following the receivers going in last month. The new owners plan to close the loss making optical business and concentrate on sunglasses and reading glasses.

Following the change of ownership the group is to be known as Foster Grant UK.

Chief executive Eddie Leigh, one of the directors involved in the buyout said: "The problems with the company's optical concerns were the reason the receivers were called in; we will now focus on the sunglasses market and the developing reading glasses market." Peter Isaacs, the company's design director, said it was very much "business as usual".

CBI detect modest High Street improvement

Retailers and wholesalers expect the general business situation to improve over the next three months, according to the Confederation of British Industry's latest distributive trades survey.

Nigel Whittaker, chairman of the CBI's trade panel, says: "The survey recorded the first year-on-year increase in retail sales since December apart from March. However, it masks considerable differences. A pick-up in business is reported by pharmacies and clothing shops, clearly benefiting from the August weather. This improvement may not be sustained."

Other retailers, such as electrical and household goods outlets, still have sales well below the levels of a year ago.

Employment continues to be depressed, with retailers and wholesalers cutting back on staffing in August and expecting to continue to do so in September, the report concludes.

Norris defends VTOs

"Sales to pharmacy will progress far beyond the realms of taking orders. Instead, the salesman's role will increasingly be to help the pharmacist develop his business and improve his service to the customers," said Numark managing director Terry Norris.

Speaking at a conference for the salesmen of the voluntary trading organisation's wholesale members,

he declared: "The 1990s is going to be the decade for VTOs because of the value added services we are able to offer." He said that Numark, as a VTO, could offer a partnership-based relationship, "a winning formula."

David Wood, Numark's retail development manager, spoke on the theme of the VTO's recently launched Retail Concept.

Medicopharma UK seek strategic partner

Medicopharma UK chief executive John Baseley has described stories in the Dutch Press (*C&D* last week) that its parent company, Medicopharma NV, plans to sell off part of its UK subsidiary as "incorrect".

"Ever since Medicopharma NV invested in the UK they have been looking for a partner to take some of the financial weight," said Mr Baseley, speaking from the UK subsidiary's new offices at Harold Hill.

Initially they had hoped it would be the US pharmaceutical wholesaler McKesson, which last year took a 10 per cent stake in Medicopharma NV. However, the American company has recently taken up the option to buy the outstanding shareholding in a Canadian wholesaler and not the option to take up to 50 per cent of Medicopharma UK.

Medicopharma NV chairman Suardus Fontein is currently in discussions with interested parties in both Germany and France, Mr Baseley told *C&D*.

Mr Baseley is concerned that his customers should not confuse a strategic partnership, with a company taking up to 50 per cent of the Medicopharma UK shares, with selling off the depots and other physical assets of the company, which is not happening.

Mr Baseley says that the UK business is doing well at present, with market share up from 8-9 per cent when Medicopharma bought Macarthy Medical to 10-11 per cent now. Moreover, he regards the launch of the pharmacy computer system, Mediphase, earlier this month as "the biggest thing to hit the trade in 20 years".

"We expect to have a partner in the near future," said Mr Baseley, "probably within the next few months. The company is growing quickly and it means we need partner, as growth calls for quite a bit of new equity."

However, the Dutch Press continues to sound cautious about Medicopharma NV. *Het Financieel Dagblad* says Medicopharma NV is suffering badly from financial losses and is working on a financial restructuring. "The losses are closely related to Medicopharma's rapid expansion in the past few years," says the paper.

● Medicopharma UK have relocated their head offices to the company's Harold Hill site (pictured above) in Romford, Essex. All Medicopharma central staff, including the data processing, product file and pharmacy system teams are now at the new address. Medicopharma UK, Faringdon Avenue, Harold Hill, Romford RM3 8EF (tel: 04023 81281; fax: 81330).



Coming events

Ag and vet diploma

The Royal Pharmaceutical Society's Diploma in Agricultural and Veterinary Pharmacy commences again on January 1.

The one year course involves self-study, two one-week residential periods, a written project, practical experience requirement and written and oral examinations. The fee is £850.

An application form and syllabus is available from Mr S. Southwell on 071-735 9141 ext 243. Closing date for applications is November 31.

Education in Oxford

The next continuing education course for pharmacists in the Oxford Region is "Back to basics," Oct 12-13. This weekend course will cover mechanism of drug action and pharmacokinetics with emphasis on the interpretation of drug interactions, adverse drug reactions and evaluation of new drugs.

On November 6, 13 and 27 the topic will be "The community pharmacist's response to Pact — advising GPs about their prescribing."

Courses featured last week were for NW Thames only. For details contact Claire Anderson on 0865 742277 ext 27177.

Wednesday, October 2

Sheffield Branch, RPSGB. The Jessop Hospital for Women, 7.30 for 8pm (buffet). "Heart and lung transplantation" by Mr T.J. Locke, consultant cardiothoracic surgeon, Northern General Hospital.

Hall Forster and Company Ltd will be holding their trade show at the federation brewery in Dunston from 4.30pm. For details ring 091 286 2911.

Thursday October 3

Society of Cosmetic Chemists. Royal Society of Medicine, 1 Wimpole Street, London W1, 6.30 for 7pm. Dr Arun K. Puri, Body Shop International plc, on "Production of safe products without animal tests."

Bristol and District branch, RPSGB. Joint meeting with specialist nurses. Postgraduate centre, Frenchay hospital, 7 for 8pm (buffet supper). "Pain can be controlled" by Professor Paul Spencer, Welsh School of Pharmacy.

Monday, October 7

East Metropolitan Branch, Royal Pharmaceutical Society, Churchill Room, Wanstead Library, 7.30 for 8pm. "Symposium with a pharmacy" with Society vice-president David Allen, Bob Worby, NPA and PSNC, Martin Anderson, Waltham Forest DPHO, and Perry Melnick, community pharmacist FHSA member.

Advance information

Gwent branch, RPSGB. Sesquicentennial dinner with guest speaker Tim Astill, NPA director. Westgate hotel, **October 9**, 7.30 for 8pm. Tickets from John King on 0633 252244 ext 4804.

British Association of Pharmaceutical Physicians. "Is it advertising or is it information?" Afternoon symposium at the Royal Society of Medicine, London, **October 22**. Details from Elizabeth Borg on 071-491 8610.

British Institute of Regulatory Affairs. "Statistics in drug registration — how vital are they?", RPSGB headquarters, London, **October 23**. Details from Sarah Ridout on 071-499 2797.

The Career & Workwear Show. Exhibition for corporate clothing and workwear, Olympia 2, London, **October 22-24**. Details from Catriona Gray on 071-370 8174.

The Royal Society of Medicine. "20 years of the Medicines Act — what next?", RSM, 1 Wimpole Street, London, **October 24**, 5-7.30pm. Details from Miss S. Rex on 071-408 2119 ext 336.

Independent Healthcare Association. "Working together, caring together", annual conference, Ramada Renaissance Hotel, Manchester, **October 25**. Details from Hilary Hyde on 071-430 0537.

National Pharmaceutical Association dinner hosted by the Stockport and District NPA branch with guest speaker Nicholas Winterton, MP for Macclesfield and chairman of the Health Select Committee. At the Forte Crest hotel on **October 26**. Details and tickets from Ann Northey on 0727 832161.

IBC Technical Services Ltd. "Recent advances in receptors" international conference, The Gloucester Hotel, London, **October 28-29**. Details from Georgina Mason on 071-236 4080.

RPSGB. "Registration requirements for pharmaceutical development" residential course, Forte Crest Hotel, Guildford, **October 28-29**. Details from Dr J. Clements on 071-735 9141.

United Kingdom Clinical Pharmacy Association. Weekend symposium of the Critical Care Practice Interest Group including workshops on analgesia and neonatal intensive care. Eynsham Hall, North Leigh, Oxford on **November 9-10**. Details from Pat Kennedy on 0533 552020.

Raiders steal 'only the best' in wholesale robbery

A gang of specialist thieves have raided a Northumbrian short-line wholesaler, stealing £50,000-worth of expensive perfumes and causing several thousand pounds' worth of damage. To add insult to injury, the gang also stole the company's Ford Transit van to make off with their haul.

"The thieves actually had a stock list out and were stealing to order," managing director of D.E. Pharmaceuticals David Leak told *C&D*. "They only took the best brands and left the rest." Male and female fragrances including Chanel, Yves St Laurent, Givenchy, Cacharel, Aramis and Kouros were stolen.

The raid appears to be one of a rash of robberies on pharmacies and wholesalers in the North East with perfumes as the target.

The thieves cut the telephone wires and blocked the alarm bells with foam before breaking in and cutting their way into the steel cage where the perfumes were kept. "I don't know how the thieves knew about us; we are quite security conscious — we don't even have the company's name on the building," said Mr Leak, who is a pharmacist.

D.E. Pharmaceuticals were insured, and expect to recover the cost of the stock.

The company has also suffered thefts from their two retail pharmacies, most recently at the Hadrain pharmacy in Lynemouth, near Ashington, where some £1,500-worth of perfumes were stolen. "There have been an awful lot of break-ins in pharmacies in the North East. Thieves are not touching drugs at all these days, just perfumes."

"Perfumes are an easy target; they are a high value product and most people have them on relatively open display, often in the front window. For smash and grab style raids they provide easy pickings."

The police have found the stolen car the thieves used to arrive at the warehouse, "but that's it so far".

Vitabiotics relocate

Health supplement suppliers Vitabiotics have moved to: Vitabiotics House, 3 Bashley Road, London, NW10 6SU. Tel: 081-963 0999; fax: 081-963 1880.

In the balance

In a special Autumn promotion Ohaus Europe are offering a C305 battery operated set of scales or £175 cash with every purchase of one of their analytical balances. The offer closes December 20. Tel: 0954 51343.

Signs of recovery in fragile economy

Total economic recovery is not expected until well into next year, although pharmacy sales are showing some improvement

The economy, although fragile, is starting to show signs of future recovery. So far 1991 has at least seen stabilisation in certain key areas; last year's decline in retail sales has been halted, while the plunge in housing starts appears to be levelling out.

With a modest pick up in prospect by the end of the year, consumer expenditure holds the key to recovery. Although the effects of interest rate cuts have still to work their way through, the fear is that rising

unemployment could hold back real income growth and consumer confidence.

Even so, the latest polls show that confidence has improved considerably from last year's lows, while official statistics confirm that retail sales volumes have risen for two successive months.

But there is little evidence to support the levels of optimism still being expressed by Government. New assessments by the Bank of England and the CBI point instead to feeble and

	Period	Latest	Previous	% change on year
Prices and Costs				
Retail prices (Jan 1987 = 100):				
all items	Jul	133.8	134.1	5.5
chemists goods	Jul	139.0	138.2	10.7
Producer prices (1985 = 100):				
manufacturing industry, excl food	Jul	134.1	133.7	5.2
chemical industry	Jul	125.7	125.3	3.8
pharmaceuticals	Jul	122.6	122.1	1.4
male toiletries	Jul	167.7	166.0	11.4
other toiletries	Jul	139.6	138.6	7.4
bandages etc	Jul	154.3	154.1	6.9
photographic materials	Jul	141.2	140.9	7.5
Average earnings* (Jan 1988 = 100):				
distribution and repairs	May	124.6	124.3	6.5

Pharmaceutical sales and overseas trade (£m)

UK makers' sales	Qtr 1	1392	1444	3
UK makers' exports	Qtr 1	577	610	-4
UK imports	Qtr 1	328	304	3
Estimated home consumption	Qtr 1	1143	1138	7

Sales

Consumer spending (£bn, current prices)				
	Qtr 1	88.5	87.4	3.2
Retail sales (value 1985 = 100):				
all retail businesses	Jun	148	146	7
chemists	Jun	171	177	7

Business indicators

Average earnings (1988 = 100)	May	128.1	127.4	8.1
Stock changes (£m, 1985 prices)				
wholesalers	Qtr 2	-179	-136	-
retailers	Qtr 2	-391	-277	-
Unemployment (UK, per cent)	Jul	8.3	8.1	45.6

Sources: Central Statistical Office, Department of Employment.

uneven improvements for the remainder of this year, before a proper recovery gets under way in the second half of 1992.

Right now, the value of sales by retail pharmacists are running some 7 per cent above the values of this time last year. Excluding NHS work, business improved by over 13 per cent between the first and second quarters of the year.

The latest CBI survey of the distributive trades finds overall sales volumes similar to those of a year ago: looking to August, retailers expect the month to show only a slight increase on last year.

On prices, inflation is clearly all but beaten, with increases in High Street prices in July down sharply, to an annual rate of 5.5 per cent. In contrast, price rises for chemists' goods are on the increase, at an annual rate of nearly 11 per cent — up from around 8 per cent in March.

Further back in the price pipeline, the rise in wholesale prices of pharmaceutical products have remained steady at less than 1½ per cent for the last four months. Increases in toiletry manufacturers' prices are also holding fairly firm, but

at the higher rate of around 7½ per cent.

On manufacturing, newly released official figures for the first quarter of 1991 show that the UK industry sold pharmaceuticals worth a total of £1,392 million — a drop of over 3½ per cent on the previous three-month period.

The value of export sales of pharmaceuticals in the first quarter fell by nearly 5½ per cent, to a level more than 4¼ per cent below that of the same time in 1990. Imports increased during the first quarter — by almost 8 per cent, to £328m.

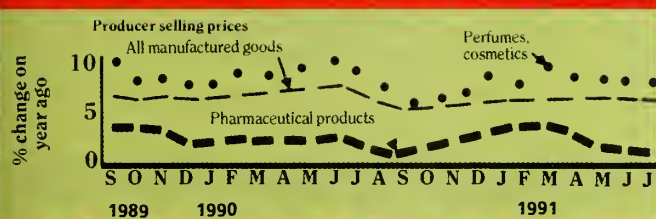
Figures covering UK production of pharmaceuticals during the first half of this year suggest that volumes were 3 per cent higher than in the second half of 1990. On the same comparison, output of toiletries was down 11 per cent.

Meanwhile, stockbrokers UBS Phillips & Drew predict that the overall economy is on the brink of an upsurge in productivity growth. This, they say, will produce a "massive deceleration in labour costs", leading to a sustained fall in inflation, and a recovery in industrial profits in 1992.

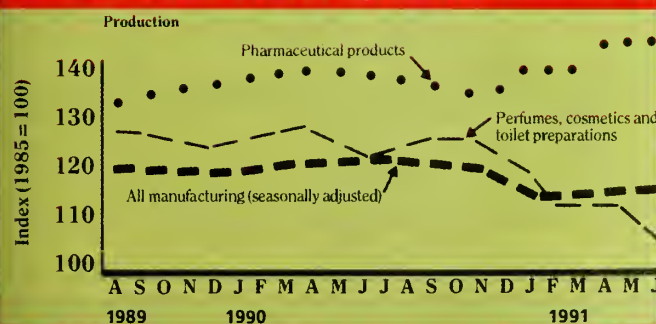
Chemists' goods price increases remain high



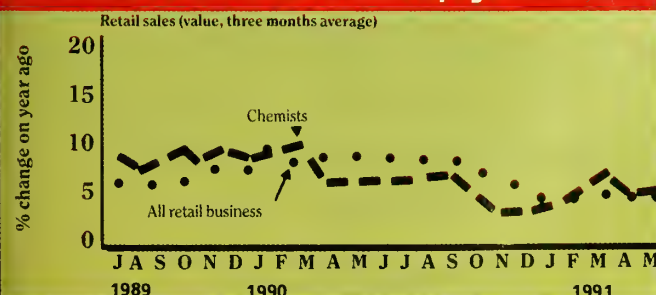
Makers' price increases of pharmaceuticals stay low



Pharmaceuticals output increases



Retail chemists' sales move up again



Classified

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We apologise to subscribers who may have had difficulty with the previous answering machine.

Free once-only entries in "Business Link" (maximum 30 words) are restricted to community pharmacy subscribers of Chemist & Druggist. No box numbers or trade advertisements will be permitted. Acceptance is at the discretion of the publishers and depends upon space being available. Send your proposed wording to "Business Link", Chemist & Druggist, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW. Include your name, the full name and address of your pharmacy, or your personal registration number, and a day-time telephone number. Alternatively, leave the details on our special answering service.

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About people



Steve Stocks, managing director of APS/Berk, with Joyce Kearney at a dinner held to mark her retirement from the company. Over 140 people from all branches of pharmacy attended the event at the Civic Hall in Leeds. Mrs Kearney received presentations from the BPSA and the YPG, the National Association of Women Pharmacists and various local branches of the Pharmaceutical Society

An Ideal idea

Pharmacist Mike Hope and his staff dressed up for a day earlier this month and raised £900 for four-year old cerebral palsy sufferer Dean Redman, who receives his prescriptions from Ideal Chemists in Hartcliffe, Bristol.

Mr Hope borrowed a nurse's uniform from the local health centre but was quite worried when a lot of customers said he looked better as a woman! But one disadvantage is that his ears are still recovering from the clip-on earrings!

Other staff sported an assortment of colourful costumes, and ventured into the streets with buckets to collect money as well as collecting in the pharmacy.

The collection will be added to local fund raising efforts which have so far raised several thousands of pounds towards sending Dean to the famous Peto Institute in Hungary.

The colourful bunch are: nurse, pharmacist Mike Hope; schoolgirl, Julia Hodgson; Wee Willie Winkie, Sue Turner; diddymen, Barbara Jenkins; nun, Julie Powell; hula hula, Tracy Williams; cheerleader, Rachel Russell.



Photo courtesy: The Irish News

Kelly helps co Down win gaelic football final

The co Down football team is the toast of Ulster at the moment, having been the victors against co Meath in the All Ireland Gaelic Football finals a couple of weeks ago.

Helping them clinch the title, playing at right half back, was pharmacist John Kelly (far right, front row). Normally found during working hours managing the Wellwood Pharmacy in Belfast, John has been playing for co Down for the last four and a half years.

It was something of a coup to win the competition, since co Down are the first team from Ulster to do so for some 20 years. The final was a closely fought

match, with only two points separating the teams at the final whistle.

The game is akin to Australian Rules football, with players allowed to both handle and kick the ball. John has been playing since he was 12. He played while studying pharmacy at the Queen's University of Belfast and has continued since qualifying.

Training is in the evenings, and while Wellwood Pharmacy does not open on Saturday, most matches are played on a Sunday, so John does not suffer from the problem that faces many pharmacists who want to get involved in team sports.



More aid to Romania

With the situation in Romania far from resolved, companies continue to donate food and medicines.

Robinsons Baby Foods are coming to the rescue of an orphanage in the Bacau region of Romania which has run out of food.

They are donating a lorry load of baby food and drinks as part of the Norwich Romanian Village Relief Campaign. The 132,000 packets should reach the orphanage on Monday, and are being delivered by Mark Clifford, in his third trip on Robinsons' behalf.

Mark says the plight of these children should never be underestimated and so much more remains to be done to give them a reasonable chance of life. Mark will also visit the latest disaster area in the Moldavian mountains.

Boots Pharmaceuticals are donating 130,000 free samples of Junifen to Romania via The Overseas Medical Aid Trust. These will be delivered to a new children's refuge and orphanage.

Boots' Mark Saunders says: "The Romanian orphans are clearly in urgent need of medicines and other vital supplies. Medicines can be channelled through charities such as the Trust in order to provide valuable overseas medical aid."

Appointments

Glynnis Davis has been appointed to the new position of corporate communications manager of The Jenks Group.

Medicopharma UK's new subsidiary Pharmacy Systems Ltd has announced that **Tim Dunn** has joined as managing director, and **Dave Porter** has been promoted to operations director.

Postscript

British Telecom consultants are being brought in by West Glamorgan FHSA to help GPs' receptionists become more "patient friendly". According to *GP*, 24 receptionists have signed up for the first courses this Autumn.

Receptionists will apparently be learning how to interrupt patients politely without sounding rude. Here at *C&D*, we wish their instructors all the best. It sounds like they've got one heck of a job on their hands.

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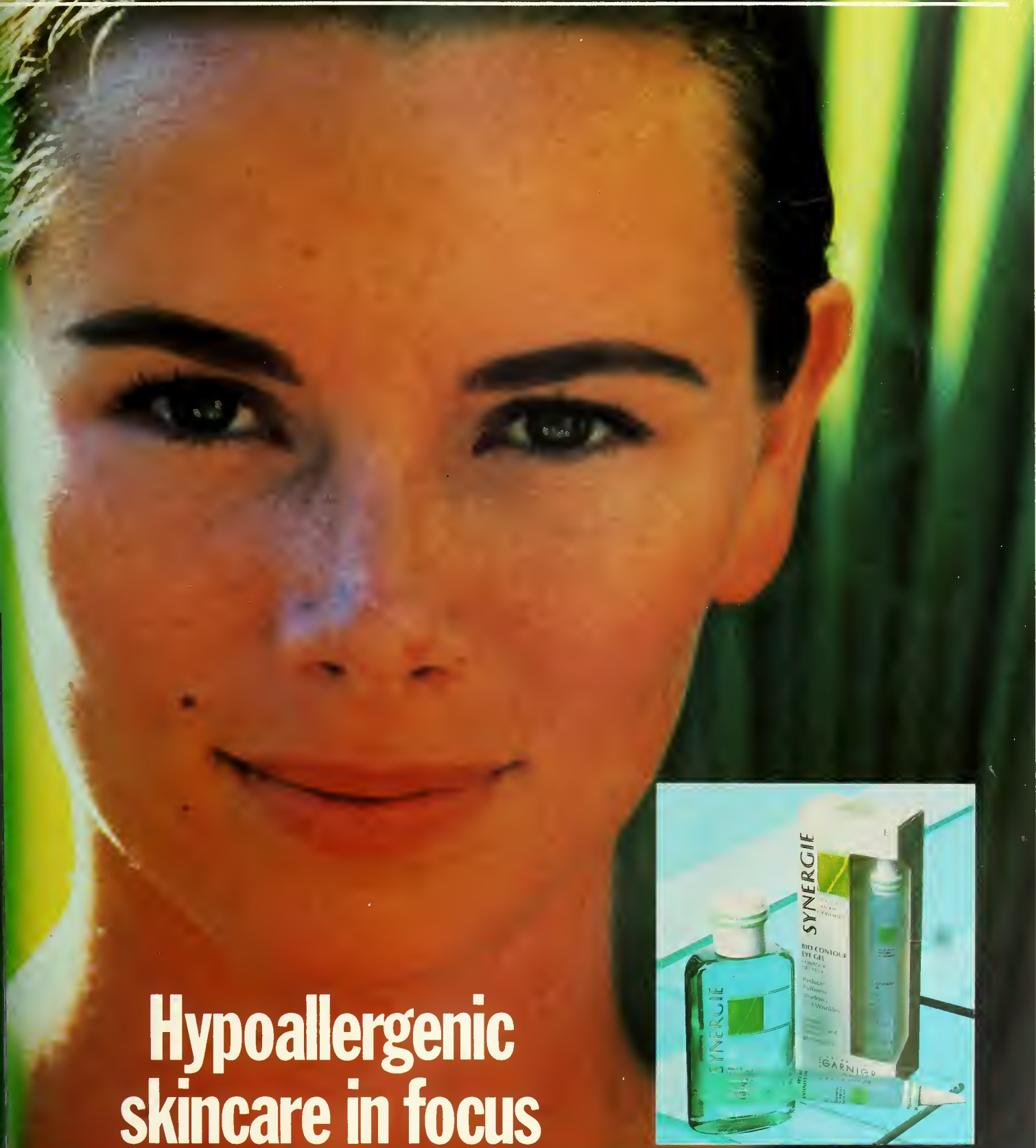


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counter

A CHEMIST & DRUGGIST PUBLICATION FOR PHARMACY ASSISTANTS

OCTOBER 1991



Hypoallergenic skincare in focus



WINDOW DISPLAY: BACK TO FIRST BASE ● MEDICINES AND THE ELDERLY ● TREATMENT FOR
THREADWORMS ● STEP BY STEP TO THE PERFECT MANICURE ● WOMEN AND HEALTH UPDATE



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SUPPLEMENT TO

CHEMIST & DRUGGIST

September 28, 1991

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4 MEDICINES AND THE ELDERLY

Community pharmacist Jeremy Clitherow explains why elderly customers need special attention when they ask for advice about medicines

6 WOMEN'S HEALTH UPDATE

Reassuring news about breast lumps and advice on vaginal dryness for you to pass on to your customers...plus a look back in time at the history of sanpro

8 BEAUTY BASICS OF MANICURES

A step-by-step guide to filing, buffing and polishing your way to perfect fingernails and healthy hands

12 HYPO-ALLERGENIC SKINCARE: FACT OR FASHION?

Over the Counter explores skin allergy to cosmetics and explains the thinking behind hypo-allergenic ranges

13 SELLING SKILLS 4 — USING PSYCHOLOGY

Training consultant Eric Hunter explains that customers respond to advice in three different ways...

16 HAVE YOU GOT ANYTHING FOR...WORMS

Maggie Maladie's youngest son Brett is suffering from worms. Check if your advice matches that given by our fictional assistant

17 SHOWCASE

Two pages of the latest product and promotional news as activity picks up again with Autumn just around the corner

19 COUNTERVIEW

Verity would like your help this month in a little research on the subject of work breaks

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CHOLESTEROL

How daily garlic may help you keep it normal.

Heart maintenance

Enjoying a long and active life depends on keeping the heart and circulation healthy.

Happily, research is now showing us a number of ways in which we could really help ourselves:

1. Eat less fat — more fibre
2. Take more exercise
3. Stop smoking and...
4. Start taking garlic

Why garlic?

We now know that it is important for the health of the heart that we maintain our blood fats and cholesterol at the correct levels.

Recent scientific studies suggest that taking garlic regularly could help us keep these levels normal.

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The best garlic for you (but not for your breath) is raw garlic. It provides a substance called allicin which has important benefits but is also very smelly. You can't have one without the other.

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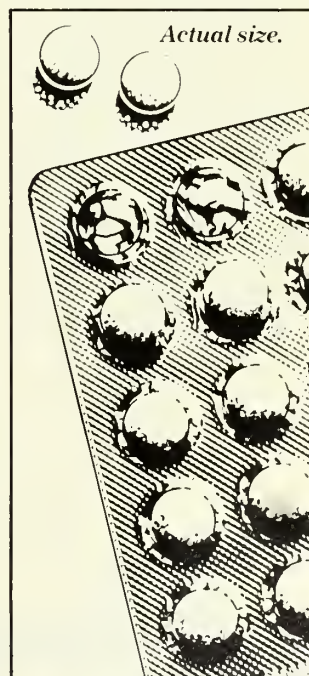
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If Kwai is so potent, why can't you smell it or taste it? (25% of current users were recommended Kwai by their friends!)

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Kwai is now Europe's No.1 non-prescription health brand and over 1 million people use it every day. Kwai is the ideal way to take garlic which could help maintain a healthy heart and circulation. That's why nine out of ten people who try Kwai, stay with Kwai.



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Medicines and the elderly

Community pharmacist Jeremy Clitherow outlines the special problems faced by the elderly medicine taker

It's a fact. We grow taller and live longer than our ancestors did. Only a century ago, many people did not even reach 40.

Nowadays, modern potent medicines, better nutrition and our welfare state all contribute to give us all a life expectancy of more than seventy years.

With these increasing years we must expect a downside, and this is the predominantly degenerative changes associated with wear and tear. Most are inevitable. Some, however, are preventable, given a little planning and patient care. All are manageable to some extent or another.

The ageing process may be subdivided into physical changes, metabolic changes and mental changes. There is little which can be done to reverse or halt the physical changes, so the emphasis must be on management and care. Metabolic changes require understanding and professional attention to the body's altered needs, while mental changes need consideration, understanding and active management.

Physical changes

Picture an elderly couple. There's a benign old grandad, slightly stooped, walking with the aid of a stick. On his arm there's granny, also slightly stooped, perhaps a little overweight and with a bad knee or hip. Every so often they stop and have a rest because of their aching limbs. Breathing is not as easy as it used to be. Their hearing and sight may not be 100 per cent.

But even before all this happens, other things are taking place. The connective tissue between the vertebrae of the spine shrinks, so we appear shorter than we were. The distribution of fat around the body changes and we become pear-shaped and develop a spare tyre around the waist. Less vigorous lifestyles and less exercise cause muscles to waste away. The

result is a leaner look on the top and bottom, and a more padded look around the middle.

Joints and limbs

By middle age, most people will have experienced some form of rheumatic pain. The two major types of arthritis are rheumatoid arthritis and osteo-arthritis.

Rheumatoid arthritis is the less common. A chronic (long-term) disease, it can involve many joints. Men are affected three times less often than women. Onset is usually between 30 and 50 years of age, starting slowly with twinges, aches and pains. Fingers and toes are usually affected first, followed by wrists, ankles, elbows, shoulders and knees. Curiously, the hips are usually spared — why that should be is unknown.

The affected joint erupts, becomes hot, swollen and stiff. The internal lining of the joint inflames and thickens making movement painful. Lack of movement causes the associated muscles to waste. A circle of damage — inflammation, pain, lack of movement — develops. Permanent joint damage can be reduced if flare-ups can be arrested. If not, each inflammatory episode produces

more tissue destruction and deformity, which can be seen particularly in the hands.

Treatment requires non-steroidal anti-inflammatory pain killers, steroids, gold injections and penicillamine, all under the close scrutiny of a doctor.

Patients with rheumatoid arthritis will benefit from advice and sympathetic counselling. Whether the advice is about the medicines or how to take them and how to avoid their side-effects, or merely about gadgets available to help the sufferer will depend upon the patient and will vary from customer to customer.

Osteoarthritis is far more common than rheumatoid arthritis and is a classical sign of ageing. Joints are painful because they are worn. Putting it simply, it is due to wear and tear.

Joints are the pivots where two bones meet. A normal, healthy joint has smooth articulating surfaces and is enclosed within a sac containing a lubricating fluid, the synovial fluid. With age, the surfaces become worn and are not as smooth as they were. The patient then tends to hold the limb stiffly and the condition worsens.

Backs, knees and hips are commonly affected. Sadly many

sufferers rest the affected joint too much and avoid exercise. In consequence they put on weight and apply even more strain to the damaged pivot.

The wear and tear cannot be reversed by medicines but symptomatic relief and professional advice will make the condition manageable.

Joint replacement has a very high success rate. Hips are the most commonly replaced joint but all joints are replaceable, subject to the availability of the spare parts. If surgery is not an option, anti-inflammatory analgesics and heat are the most common prescriptions. Heat may be applied by massaging in a rubefacient — a warming rub — or by its direct application. Creams and liniments may claim to be counter irritants, local analgesics, warming and soothing, but many practitioners dismiss these claims as of secondary importance to the massaging in itself.

The direct application of heat is fraught with danger. As we age, the capacity of the nerves to sense what is too hot for safety diminishes. In consequence the elderly sit too close to open fires and develop mottled burnt legs. Or hot water bottles are used too hot.

In the blood

Cerebro- and cardiovascular accidents can be subdivided into haemorrhage (bleeding) and thromboses (clots).

Haemorrhages occur when the wall of a blood vessel ruptures. Excessive blood pressure in the vessel will aggravate any weakness, and eventually cause the blood to burst through. As we age, the insides of our blood vessels become rougher and physically less robust. Hardening of the arteries is caused by loss of elasticity of the blood vessel and furring up of the inside.

As the blood flows over these roughened areas, cells collect and a clot builds up. While this clot is still attached it merely slows blood flow, reducing the oxygen supply to the tissues further down the vessel. In the brain, this is called cerebral hypoxia and causes progressive damage to the tissue.



Ole! Dispensing assistant Val Brown of Paydens in Sevenoaks will soon be flying to Madrid as winner of the First Response competition in the July issue of Over the Counter. Val, who is taking husband Bill on the trip, receives her prize from product manager Angela Sharrock and Tambrands area sales manager Norman Rayner

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If the supply is stopped completely (anoxia), such as would happen if the clot were to grow to such a size it blocked the vessel or, as is more likely, it becomes dislodged and is carried along the vessel until it is too big to pass any further, total tissue death will occur. In the brain, such an event is a cerebral thrombosis — a “stroke” — and it produces disabilities such as weakness down one side of the body, loss of speech and major sensory disturbances.

The pharmacy assistant should listen, advise and explain. The partners of the victim will often be at a loss to know what to do and will ask why this should have happened at all, particularly with such ferocity and out of the blue. Depression is very common for both victim and consort.

Following a stroke, paralysis of the limbs will be treated by physiotherapists trying to persuade the patient to move the afflicted limb or limbs. Loss of speech will be treated by speech therapists.

Disturbances of sensation are the most troublesome of all. The patient may complain of numbness in the limb which in itself is unpleasant but this is nothing as unpleasant as having the sensations muddled up. Think of it as an old-fashioned telephone exchange where someone has pulled out all the wires and plugged them into the wrong sockets. For the patient, hot appears cold, pressure is felt as puncture etc. It can be very frightening.

Metabolic changes

As we age, the functions of our organs change. Muscles which are not used waste away. The lenses of the eyes lose their elasticity and reading glasses are required. The sensitivity of the ears decreases and the nervous transmission of the impulses to the brain is impaired causing deafness. The lungs do not fill as well, so less oxygen vital to every cell in the body is taken into the blood. The stomach produces less hydrochloric acid so the digestive process is disturbed. The time taken for the stomach to empty increases. Indigestion, heartburn and gastric reflux are all too common complaints of the elderly.

Drug activity

Before a drug can act, it must be absorbed into the body. In tablets, capsules and liquids, the active ingredient may or may not be absorbed to some extent in the stomach, then passes through the rest of the digestive tract.

As a generalisation, most drugs are not absorbed to any great extent by the stomach, but rely upon the small intestine for



Paul Anderson, PHC sales manager, presents Mrs R Cousens of Penn with £150-worth of holiday travel vouchers, won in the Micropore Plasters competition featured in the June issue of Over the Counter

their uptake. We have seen that the rate of stomach emptying goes down with increasing years, so it follows that the onset of activity of the average drug which relies upon absorption via the small intestine and further on will be delayed.

Enteric-coated medicines are formulated to deliver their dose after passage through the stomach. The enteric coated tablet is impervious to the acid solution in the stomach and only disintegrates when in contact with the alkaline solution in the intestines. But what happens if a patient has indigestion? Antacids neutralise the stomach acid and possibly even renders the solution alkaline, and the enteric-coating disintegrates in the wrong place and at the wrong time.

Once the drug has been absorbed into the bloodstream, its distribution depends greatly on how soluble it is in body fat, and upon how tightly attached it becomes to the proteins floating around in blood plasma.

The metabolic changes in the elderly produce less plasma protein, so less drug will tend to be bound and more will be available for activity. So elderly patients tend to require less not more of certain drugs.

Elimination

The two major routes of elimination of drugs from the body are via the kidneys and the liver. The kidney may be regarded as a filtration plant. It passes the products we do not want, in solution, and then reabsorbs the water. It has a vital function in salt balance and blood pressure control.

The liver produces enzymes which break down unwieldy and oversize, unfilterable molecules,

rendering them suitable for disposal by the kidney. If the liver is ageing, there are not the number or quality of enzymes to release protein-bound drugs. So the blood levels of the drugs administered will be less than expected. Diseases such as alcoholic cirrhosis or fibrosis will cause destruction of liver tissue and reduce liver function too.

Mental changes

For most of us our mental capacity and thinking processes decay with age. That in itself can be a cause of great concern to some elderly people, particularly those whose life has revolved around teaching and academia. They cannot remember the facts nor the arguments proving points and laws.

The blood supply to the brain is reduced in an elderly patient. Brain tissue dies off during every day of life but in old age is not replaced at the same rate it was.

Memory loss is a curious phenomenon. The usual pattern is for the short-term memory, to cloud over and clarity of recollection to become lost.

Oddly though, the patient can remember, as if yesterday, what happened 40, 50 or 60 years ago.

This loss of short-term memory can cause real problems where a complex regime of medicines is being taken. Elderly confused patients can forget whether they have taken a dose or not, and under or overdose quite easily.

Anxiety, agitation, feelings of frustration and restlessness together with or separate from depression are commonplace in the elderly. Counselling and group therapy are often more valuable than medication.

Insomnia is very troublesome. The elderly patient who cannot sleep lies awake, restless, throughout the night. In the morning he feels awful. He is tired out. Little wonder that he resorts to sleeping tablets.

Sadly, the prescription may be repeated month after month. He is then hooked and as we well know, the sedative property of many of these drugs disappears after only a short time. Hence the recommendation on benzodiazepines now that the course should be short, intermittent and only repeated when there is a clinical need.

Some sleeping tablets have a half life — the time taken for the blood level to drop by 50 per cent — of as much as 24 hours. Little wonder that there are so many confused patients.

Psychotic changes and fixations often take place in the elderly mind. Some develop a fixation on their bowels and insist to themselves that a daily performance is essential. It is not. Unfortunately, the patient may turn to laxatives, the bowel becomes lazy and a circle of damage is produced.

When dealing with the elderly, pharmacy assistants should bear in mind their special problems and take them into account to provide simple advice and support. With a little dedication, continuing education and, above all, effective communication, we can help our senior citizens enjoy a happy and healthy retirement.

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UPDATE

The problem of vaginal dryness

Anyone who has suffered from vaginal dryness will know that it is an extremely unpleasant condition. It plays havoc with one's sex life, feels most uncomfortable, and can even give rise to troublesome vaginal infections.

Vaginal dryness is especially troublesome during and after the menopause. It is also common in women who are breast-feeding, those receiving radiotherapy and chemotherapy, and in those who have undergone hysterectomy. It occurs, in fact, whenever there is a decline in the normal level of the female hormone, oestrogen.

Oestrogen has many functions relating to reproduction, but it also has another very important function — it augments the supply of blood to the pelvic area. Vaginal moisture is derived from blood fluids which diffuse through the vaginal walls from the capillaries supplying the area. There are no glands in the vagina itself, therefore a good blood supply is vital. There are mucus-secreting glands within the cervix (the neck of the womb) and at the introitus (the vaginal opening), but these, too, are dependent on a good blood supply to function.

As oestrogen is important to the maintenance of adequate blood supply, any decline in the level of oestrogen will adversely affect the supply of blood and may therefore lead to vaginal dryness. Whatever the cause, most women will suffer in silence, or seek over-the-counter remedies, rather than discuss so intimate a problem with a doctor.

If the problem is transient (e.g. end-of-the-month dryness, when oestrogen levels fall prior to a period), a simple lubricating gel (such as KY Jelly) may suffice. The gel is applied immediately prior to intercourse as a short-term lubricant.

If the problem is likely to persist, however, it is perhaps worth considering an alternative OTC treatment that will overcome the underlying problem — lack of moisture, lack of protective acidity, and decreased blood supply. Replens is a non-hormonal treatment which not only replaces water into the vaginal walls, but is said to improve the blood supply and maintain a naturally acidic

environment.

The non-greasy cream adheres to the vaginal walls for up to three days, serving partly to lubricate too.

Verbal requests may be few and far between because the subject is embarrassing for many women. Good counter displays, coupled with woman-to-woman advice, are therefore essential. "What have you got for vaginal dryness?" is an unlikely opener. With thanks to Columbia Laboratories for much of the information for this article

Facing up to a lump

Jan's life changed when she took a bath two years ago, and noticed a lump in her left breast. She still works, goes out, sees her friends, but life's not the same — the thought of the lump is always there. She's never talked to anyone about it.

A little education about benign breast disorders could save many women like Jan a lot of anguish. The Breast Care Campaign says many women who notice a lump in their breast are too frightened to come forward for help and spend months or even years worrying about it. Yet the lump is likely to be completely harmless — nine out of ten women with symptoms do not have cancer.

A survey of over 200 calls to the Campaign's helpline in July and early August found that one in four callers had not seen a doctor because of fears of what might be found. Lumps are a great source of fear, accounting for over one in three of the calls.

Women have a one in 12 lifetime risk of developing breast cancer. A lump could be a sign of breast cancer, but, in young women, it is more likely to be a harmless, benign fibroadenoma — well defined and moveable, it is common among the 15-30s.

Cysts may feel like lumps and may need to be drained; they too are benign. Some women have "lumpy" breasts, particularly just before a period; these lumps are harmless. Two thirds of women report breast pain due to hormonal fluctuations. This is typically worse before periods,



The Algarve is the destination for Christine Gartland of Savory & Moore in Bromsgrove who won the Seven Seas high strength pure cod liver oil competition in the March issue of Over the Counter. Mrs Gartland receives her tickets from Seven Seas area sales manager Mike Drinkwater (right) while representative Lorraine Mapp and pharmacy manager Brian Turner look on. The second prize weekend in a five star hotel went to Mrs C Scott of Keitley Pharmacy, Little Eaton

and especially in the 30-50s.

This year, some 25,000 women will be found to have breast cancer, and 10,000 will die. But the risk of cancer in the total population is often exaggerated, say the Breast Care Campaign, which was set up to help women gain a better

understanding of personal breast care and the changes which occur throughout a woman's lifetime. Information is available through qualified breast care nurses on 0628 481233. Breast Care Campaign, 96 High Street, Marlow, Bucks SL7 1AQ. Tel: 0628 476793.

2,000 years of tampons

The commercial production of tampons is a product of the 20th century, but tampons have been worn, in some form or another, for over 2,000 years.

Hippocrates described forms of internal protection — rolled lint or rounded pieces of lightweight wool with absorbent coverings, while the Egyptians, Assyrians and Babylonians used rolls of soft papyrus. Wealthy Byzantine women used only the finest wool, carded, combed and rolled into tampons.

In the past, where women led active lives, internal protection was favoured, while a domestic and leisurely way of life prompted the use of external protection. Hard working women in equatorial Africa used grass or moss tampons, while their voluminously-robed and more sedentary Arab counterparts used heavy external protection.

In the UK before 1921, a few women used manufactured sanpro, but it was a far cry from the products available today, and most women had to cope with home-made cotton towels which could be thrown away or laundered for re-use.

The first disposable sanitary towel was introduced in the UK

in the early 1920s by Lilia (now Smith & Nephew) and called Dr White's. It was of the looped type requiring a belt to hold it in place — a design which persisted until more comfortable and convenient beltless towels appeared in the early 1970s.

Today's tampon was invented by Dr Earle C Haas in the 1930s. In trying to help his wife who was fed up with using indecent and bulky pads each month, Haas created a tampon from compressed surgical cotton with a cord stitched along its length. His product, contained in a cardboard tube, was not unlike the applicator tampon of today, and Tampax was born.

Tampax, introduced in the UK in 1937, was sold initially by mail order only, imported from America. Tampons were denounced by clergymen as agents of defilement and general wickedness; in 1948 the General Medical Council ordered every packet should carry the warning that tampons were unsuitable for unmarried women.

Applicator-less digital tampons, inserted with the finger, first appeared in the UK in the early 1950s, when Lilia launched Lil-lets.

With thanks to Tambrands

*Asking for a vaginal gel
can be embarrassing*



Asking for Replens is only natural

There's no doubt about it. Despite the fact that millions of women complain of vaginal discomfort, it's a subject that isn't talked about, let alone discussed in a busy shop.

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Hands on experience

You can't hide neglected nails — not unless you cover them with gloves! But you can help both your desperate customers, and those who want to keep their nails up to scratch, by recommending a weekly manicure, using the right products, in the correct fashion, to produce nails they'll be proud to flash!

Picture courtesy Wilkinson Sword

Most of us take our hands for granted. Each day we put them through an assault course of endurance tests — plunging them into detergents, pulling up weeds in the garden, exposing them to extreme heat and cold. But how many of us make up for this by pampering our hands with a weekly manicure? Once a week is all that's needed to turn rough hands and unsightly nails into hands your customers will be proud to place on your counter the next time they visit.

The visible part of the nail is made up of keratin and dead horny cells. It grows up out of the nail bed, which is concealed by the cuticle and extends to about the first finger joint. Fingernails grow at the rate of about 1mm a week (twice as fast as toenails), though this is often increased



Use acetone-free polish remover



File nails to an oval shape

during pregnancy, in youth and during Spring and Autumn months. Conversely, nail growth can slow considerably during illness, after shock or as a result of crash dieting.

Diet facts

In the case of nails, we are what we eat. Dry, brittle nails are likely to indicate a poor diet or over-exposure to chemicals. But if your customers long for strong, healthy nails, then your first piece of advice should be about food! A healthy diet for nails, includes iron, foods rich in vitamins A and B (dairy products, fish, vegetables and brown bread) and also zinc, which is found in seafood. Calcium is another important dietary component — if you're not getting enough your nails may have white flecks on them, which only disappear as the nail grows. So remember — the same rule which applies to a good complexion applies to nails — it starts with a well balanced diet. And hands and nails should be protected from detergents — wear rubber gloves.

For nails which won't let you down, a weekly manicure is the answer. When your customers see the results, they'll be glad they spared the time.

1. Prepare your hands for their weekly treat by washing them thoroughly in soapy water and removing all traces of nail polish. It's best to recommend acetone-free polish remover as this won't dry out or weaken nails. The remover should be applied on cotton wool, held on the nail for a few seconds, then wiped from cuticle to tip.

2. Next comes the filing to achieve an attractive shape that's less likely to split. Use an emery board, not a metal file, as this can weaken nails. The best position for filing is to make a loose fist with nails towards you. Use the rough side of the emery board to reduce length, then smooth down with the fine side. Nails should be filed in one direction only — using a sawing motion, while it may be



Soften cuticles in warm water



Massage in cuticle cream



A base coat protects nails

quicker, can weaken nails, so resist the temptation! If you do have very fragile nails, it's best to keep them short until you have improved their condition.

3. For a professional finish, it's essential to push down overgrown cuticles — it's difficult to apply nail polish correctly unless this is done. But don't just poke or push them down. First the fingers should be soaked in a bowl of warm water (or warm olive oil if nails are very dry or fragile) to soften the cuticles. Then apply cuticle cream to the base of the nail and massage well. Gently push down the softened cuticle with an orange stick or cotton bud. Cuticles should never be cut as this will encourage dirt and infection.

4. Next nails should be thoroughly cleaned underneath, using an orange stick wrapped in wet cotton wool. Remove any stubborn stains on the nail with a drop of lemon juice. For a smooth, even finish use a buffer, but don't be too vigorous or you could damage the nail surface.

5. Now your nails are in shape, it's time to turn to your hands. Apply a rich, moisturising but non-greasy hand lotion.

French chic

Once nails are in good shape, you can start being a little more adventurous. The French manicure is back in fashion and is an ideal glamorous, yet natural looking finish for nails. There are several kits available on the market, or you can buy the components separately. You'll need white nail polish or a nail whitener pencil, pale pink or beige polish and clear polish or top coat.

- First apply a clear base coat to protect nails and prevent them from staining. One thin coat is enough, applied in three stripes,

starting with the middle, then one stroke on either side.

- Next apply white polish. This needs a steady hand. Apply it just to the white tips of the nails. For shorter nails you can substitute a nail whitener, which gives the same effect. It is applied to the underside of the nail tip.

- Now apply the pink or beige polish. Again, one coat is enough. Finally, seal and protect with a coat of clear polish or top coat. If properly done, the French manicure should last for up to a week.

A touch of polish

For special occasions, or for those who prefer a glamorous look, go for colour.

- First apply the essential basecoat. As well as protecting nails it provides a smooth surface for the colour.

- Now apply the colour. Again, less is best, and it should be applied in three strokes, starting in the middle, and taking care not to get any polish on the skin. If your hand does slip, remove polish with a cotton bud dipped in remover. Two coats of colour should be enough. Allow the first to dry thoroughly.

- For the final touch, apply top coat or clear varnish. The duller part of a manicure routine has to be sitting still and waiting for the polish to dry. If you're very impatient, there are drying products on the market to speed up the process. Or you could try a trick of the trade — plunge your fingers into ice cold water 60 seconds after applying the final coat of polish.

Fake it

If you're faced with a customer whose nails need drastic help fast, then falsies are the answer. The easiest are stick-ons. They come with a double-sided

adhesive tape to hold them firmly onto the nails.

Another solution, which is longer lasting, is silk wrapping. This treatment has been confined to beauty salons until quite recently, but now there are home kits on the market — definitely a cheaper option. The process involves gluing a thin layer of silk to the whole surface of the nail, then smoothing and filing it down.

Colour blind

With the enormous choice of shades available, your customers may well be confused when it comes to making a choice. If she has a particular outfit in mind then it's easy — simply match the shade as closely as possible. However, the following may be useful if your customer asks your advice about colour.

- Deep dramatic reds, plums and pinks look great on long nails
- For short nails it's best to stick to pale pinks or beige tones
- Coral shades will complement a suntan
- Pale skin is enhanced by soft pinks and shell shades.

Fingertip facts

- For the illusion of longer, slimmer nails, leave a slight space at either side of the nail when applying polish
- A touch of base coat applied under the nail tip will reinforce it
- When filing, nails should be gently curved, never pointed or they'll be more likely to break
- For very rough hands, apply exfoliating cream to remove dead skin cells before massaging in rich hand cream
- Broken or split nails can be salvaged! A nail glue can be applied, which seals the split until the nail has grown long enough to file down.

Manicure pictures courtesy Cutex



THE LEE NAIL CARE CLINIC !

A five product nail care line in a compact, low cost counter display.

Contains just 2 units each of :

- ★ Dual Topcoat/Basecoat
- ★ Calcium Nail Hardener
- ★ Cuticle/Nail Restoring Complex
- ★ Nail Reinforcing Gel
- ★ Nail Repair Kit

Available from wholesalers (except Unichem), or directly from Newton Consumer Products, 2 Mansfield Road, South Croydon, Surrey, CR2 6HN. (Tel: 081 688 1018 or Fax 081 686 0471)

Synergie: nature's scientific eye care

Launched in March of this year, Synergie is Laboratoires Garnier's high performance skin care range, combining the very latest developments in modern cosmetology with the best and most effective natural ingredients. Light textured and pleasant to use, each hypo-allergenic formulation works to keep skin young, healthy and well

protected from the stresses and strains of modern day living.

This month Laboratoires Garnier introduces two new, innovative products specifically designed to cleanse and care for the very delicate area around the eyes — Synergie Bio-Contour Eye Gel and Ultra Gentle Eye Make-Up Remover.

The eyes and area around them are the most expressive part of the face, contributing to its beauty and youthful appearance. This area is, however, very different in structure from the rest of the face and so needs very special attention. It is thinner, drier, more sensitive and less well nourished by blood capillaries than the





rest of the face. It is also extremely mobile, with 22 muscles working up to 10,000 times a day to produce our constantly changing expressions and emotions. It is for these reasons that the skin around the eye area is especially prone to the specific problems of lines, dark shadows and puffiness.

What the eye area needs is a multiple problem solver. Bio-Contour Eye Gel is a fresh, liquid crystal formulation which acts both immediately and progressively to help reduce puffiness, shadows and fine lines. The eye contour area becomes smoother and the skin rediscovers its suppleness, vitality, and elasticity.

The Bio-Contour Eye Gel formula contains extracts of both pineapple and papaya, exotic fruits rich in special enzymes known for their purifying action. These help drainage of toxins around the eyes and so help reduce and prevent puffiness and dark shadows. Its sophisticated moisturising complex contains glycerol, hyaluronic acid and negatively charged marine mucopolysaccharides to help skin retain its optimum moisture level.

Bio-Contour Eye Gel also has very effective anti-ageing properties: amino acid, a principle constituent of collagen, helps restructure and revitalise the skin tissue while the free radical scavenger, vitamin E, is stored in thousands of opalescent crystals. On contact with the skin, the crystals break down and the vitamin is released slowly and progressively for maximum effect.

Bio-Contour is packaged in a practical hygienic tube and its nozzle ensures that only the required amount of gel is applied eliminating any wastage. The recommended retail price is £5.99 for 15ml.

The eye area also needs extra mild cleansing: Synergie Ultra Gentle Eye Make-Up Remover (RRP: £2.99) removes all traces of make-up perfectly, while respecting the fragile eye contour area. Extract of rose gives the skin freshness while allantoin soothes and revitalises, purifying the complexion by eliminating the build-up of toxins in the eye area. Both products are hypo-allergenic and

ophthalmologically tested to be suitable for sensitive eyes and contact lens wearers.

Substantial market

The market opportunity for both products is substantial, with rapidly increasing demand for specialist eye cleansing and care products at mass market prices. Laboratoires Garnier's market research also bodes extremely well for these two innovations: in tests, 79 per cent of users considered Bio-Contour Eye Gel as good or better than their normal product, and 73 per cent expressed an intention to buy. After trying Ultra Gentle Eye Make-Up Remover, a staggering 92 per cent of women surveyed were very or quite satisfied with the product and 85 per cent claimed it was as good or better than their usual product.

These two highly impressive new products deserve an equally impressive promotional and advertising support package and you can rest assured that that's what they're getting. Double page advertisements for the Synergie range will appear in high circulation women's Press until the end of October. Merchandising is also given top priority with eye-catching window and gondola end cards as well as shelf talkers to highlight the new products.

There are also free tester display facilities for Bio-Contour to create extra impact and to allow your customers to try the product for themselves before purchasing.

Customers can also sample the new products by way of trial sizes — 99p for Bio-Contour Eye Gel and 79p for Ultra Gentle Eye Make-up Remover. As an added incentive, the Bio-Contour trial size will also have a 99p coupon off the next purchase of the full size product. And the special offers don't stop there — £1 cash-back coupons off both products will be available at point of sale this month until the end of December.

Synergie samplers

Continuing their strong trial operation throughout the range, Laboratoires Garnier are offering a "buy one get one free" promotion on the Synergie range in independent chemists during September and October. With every purchase of a full size Synergie product, consumers will receive a free Gentle Cleansing Mask (RSP: £3.55).

High performance, innovative products backed up by a comprehensive support package highlights Laboratoires Garnier's ongoing commitment to the retailer and to ensuring these two new Synergie products are a huge success.



Hypo-allergenic skincare: a sensitive subject?

What makes a cosmetic hypo-allergenic and who might benefit from using it?

Allergic reactions occur when skin over-reacts to contact with a particular substance, known as an allergen. The reaction itself can also be described as a hypersensitive response.

Obviously, the simplest answer to a problem of hypersensitivity is to avoid the substance causing it. But this is not so easy when the substance is a common ingredient of cosmetics.

Cosmetics are a complex mixture of chemicals — it has been estimated that the cosmetologist has almost 10,000 substances to choose from when he sets about manufacturing a new lipstick, eye shadow or foundation. And since cosmetics manufacturers are not yet required to label each product with a full list of ingredients, identifying cosmetics that might cause problems for a particular person is not easy.

Asked if they have ever had a hypersensitive (allergic) reaction to a cosmetic, as many as one in four women will say they have. However, if those who say they are allergic to cosmetics are tested, it is likely that fewer than one in a hundred will actually be found to react to one cosmetic ingredient or another. However, it is perhaps not surprising, because they use more cosmetics than men, to find that women are more likely to be hypersensitive to cosmetic ingredients.

There are two types of

allergic response seen with cosmetics. In anaphylactic sensitivity, the reaction is a very obvious one which appears on first contact, and is usually characterised by the raised lumps or weals of contact allergic dermatitis featured in *Over the Counter* in April, page 6. The second is delayed hypersensitivity which tends to produce a eczema-type reaction.

Commonest cause

The most common cause of allergy to cosmetics is the fragrance. In fact, many people are developing contact allergy to common garden flowers, so a problem with perfume ingredients is not surprising given that many contain plant-derived essential oils, or chemicals produced to resemble them.

For customers complaining of allergic reactions, a fragrance-free product range should be suggested as a way around the problem — all hypo-allergenic ranges are fragrance-free.

Fragrance-free should always be recommended to eczema sufferers, whose condition is likely to be exacerbated by any of the common allergens.

It is important to stress to customers from the outset that it is impossible to produce a product that is non-allergenic, that is, one that will not cause a reaction in anybody. Aside from distilled water, it is unlikely that there is any substance which will not produce a reaction in somebody if enough people are tested.

Hypoallergenic cosmetics,

however, are produced without using any of the common allergy-causing substances, or sensitisers as they are known, and use only ingredients with a known low potential for causing reactions.

For companies, the choice of materials is a major headache. As far as hypo-allergenic cosmetics are concerned, "natural" does not always mean "non-allergy". Synthetic materials are frequently used in preference to natural alternatives, because their consistency and purity can be assured. Even then, the process is an evolving one, and companies are keen to stress that they are continually monitoring reports of adverse reactions to product ingredients.

In practice, this means the most efficient formulations possible are required for hypo-allergenic brands, where each ingredient is present in the right quantity required for the optimum effect. Even after the many different combinations have been tested on the formulation bench, like any other cosmetic a hypo-allergenic product will have to face a battery of stringent safety checks before it is cleared for sale to the general public.

Difficult customers

So how should you go about advising a customer who complains of being allergic to a cosmetic? Not surprisingly, the approach is similar to that for any suspected allergy. The first thing to do is identify the cause, so it is easier to avoid a repeat.

In suspected cases of allergy, such as might cause an asthmatic reaction or a bad skin rash or even hay fever, an allergy specialist might use patch tests to find out what is causing the allergy.

In patch testing, a number of known allergens are applied in small quantities to the skin — usually the forearm. The site is then covered, and some hours later the results can be "read".

Where a person is allergic to the substance, be it tree pollen, cat fur, house dust mite, or a common cosmetic fragrance, there will be a visible reaction — typically a warm red inflamed area — where the allergen was in contact with the skin. Varying degrees of reaction may be seen, from a very angry eruption, to no change in skin appearance at all.

One problem you will come across is that customers use many different products at once,

making it difficult to identify exactly which product might be causing the problem. Assistants can help, therefore, by advising patients when they buy cosmetics, to "patch test" them first on their skin, one at a time, to see if there might be a reaction. Remember, there is no such thing as a non-allergenic skin product. (This is, of course, the same advice that should be given to purchasers of hair dyes and home perms, where irritant substances are going to be in close proximity to the skin for a period of time.)

Remember too that a reaction to a product will be seen by the customer as a failure of the product and possibly also of the place they bought it from. Assistants should be concerned about the customer's problem and hopefully this article will suggest some lines of advice and explanation to give.

In the case of mild reactions to one or two products, a successful change to a hypo-allergenic brand may well do the trick, revealing a simple skin sensitivity to the previous product.

Dermatologist input

However, where a customer complains of a multiplicity of allergic reactions to a number of products, it may be necessary to seek the advice of a dermatologist through the customer's GP. Refer to your pharmacist any customer who appears to be suffering from severe reactions.

The dermatologist, through patch testing and other tests should be able to identify the ingredients causing the problems and make recommendations for the future.

In some cases, you may find that no commercial product is suitable for a particular problem customer. But a number of skincare manufacturers do have special departments which will make products to order. This process will usually follow a dermatologist's advice, but you may be involved in ordering products once a suitable formulation has been devised.

Some hypo-allergenic brands

Almay
Innox
Neutrogena
RoC
Synergie



Jayne Ramsey (left), an OTC buyer for A Fozard Chemists, Ipswich, has won a trip for two to the heart of American theatreland, Broadway, in the Rinstead "Guess who's talking" competition. Jayne, pictured with Schering-Plough representative Sheila Glen, will be taking fiance James Garner with her on the trip

In the fourth article in his six part series, training consultant Eric Hunter of Halifax based Hunter & Co explains the psychology of selling

Selling skills

Let's be clear. Sales psychology is not some trickery to help you part a fool from his money. The psychology we're talking about here is the psychology of understanding. Helping you understand what your customer needs. Helping your customer understand why and how your product will help satisfy a need.

The easiest way to find out what your customer needs is to ask questions. Sometimes one or two questions; at other times a string of questions which logically follow each other.

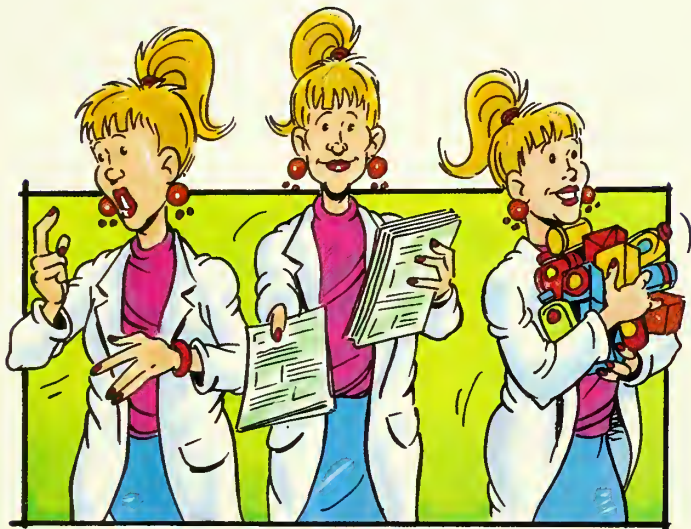
You may have heard someone say: "He's a great salesman. He's got the gift of the gab". Don't you believe it. What salespeople need is the gift of the flap...of their ears.

There's an old saying in selling: "You have two ears and one mouth. Use them in the same proportion". Or listen twice as much as you speak. There are those of us who think the proportion should be even greater, listening four times as much as we speak.



Try asking questions. You'll find it saves time, and makes your customers feel good, since you are taking an interest in them. When a customer asks: "What have you got for catarrh?" your simple question: "Do you prefer tablets or something to inhale?" will immediately halve the choices

4. Using psychology to sell to your customers



Three way sales

open to them. "Have you tried..." will then probably give you more information. You may say: "Have you tried Olbas Oil?" The answer will be "yes" or "no", or perhaps "don't know", so the information you receive is likely to be limited. You may find it better to ask: "Which of these inhalants have you tried?" since you're likely to get more information.

Two questions

Questions which lead to "either/or" choices or answers such as "yes" or "no" are called **closed questions**. They often bring a short answer; perhaps just one word. The answer can be quite valuable to us, as in the "Do you prefer" question above. At other times they are worthless.

Imagine this scene at the doctors'. Nurse: "Have you come to see me?" Patient: "No."

"The doctor then?"

"No."

"To pick up a prescription?"

"No."

"To fix an appointment?"

"No. Why don't you ask me what I've come for?"

And if you think I made that up, you're wrong. It happened in the reception area of my doctor's surgery last Tuesday.

The patient put her finger on the problem. All the nurse needed to do was ask one question. "What are you here for?" This is an **open question**, because there is a wide choice (an open choice) of answers. Here are some words which help you get open answers: what; where; when; how; why; who; which (of a range). This is how you might use them:

Customer: "I feel unwell."

You: "What's the matter?"

"I came over faint."

"When was this?"

"Two hours ago."

"Where were you?"

"In the sauna."

"How did it happen?"

Notice how you, as the questioner, control the direction of the conversation, and establish the situation relating to the customer's needs quickly.

This only works when you LISTEN to the customer's answers. And this is why your attitude (see the article in the July/August issue) is important. You'll find that if you are interested in your job, questions are easy to ask, and you listen to the answers. You can interpret what the customer says by asking further questions, or making sales suggestions.

Remember to ask the right kind of question at the right

time. Then you'll quickly be in a position to offer a positive suggestion to your customer. And this is where the second part of sales psychology enters.

Three systems

Academics have known for a long time that students have three systems for working through their thoughts; and each of us has one preferred system. Some prefer to hear information (a lecture), some would rather read information (a book or an article), and others choose to get involved (an exercise or project). It is only recently that sales people have picked up this idea. Before you read on, think about using this information in selling.

If you've worked out that some people prefer to hear a sales presentation, some like to read sales information, and others want to get involved by sampling or testing the product, you are a step ahead of me.

When it comes to using this information, you have two options. First, you can make sure that every time you talk about a product, you take it down from the shelf and put it into the customer's hands. That way you'll be certain you tap all three thought processes. To a degree, though, you are wasting time, since the customer may be switched off for two thirds of it.

I favour a second option. By being alive to the three processes, you can tell which method of communication your customer prefers. If they ask questions and listen, they prefer to hear information. If they go for the written word, they may want to see the pack, or ask for a leaflet. And if they would rather become involved, they will try to take the product out of your hands. When you discover their favoured communication system, use it. It will save you time, and your customer will feel you are in harmony.

Some of this sales psychology may be new to you. So use it carefully and analyse the times you make it work, and the times it doesn't. Eventually it will work every time, since, as with most things, the more you do it, the better you will become.



Nivea Visage: high performance skincare

With more than 70 years' experience in the £378.5 million skincare market, Smith & Nephew Consumer products — the manufacturers of products under the Nivea brand name — knew that women were ready for something new when they started work on the development and launch of their new skincare collection, Nivea Visage, some 18 months ago.

This knowledge was based on the experience gained through producing Nivea, the world's largest toiletries brand, and from speaking to women in the UK and Continental Europe to find out exactly what they were looking for in their choice of skincare.

An equivalent Nivea Visage range marketed by Beiersdorf has proved highly successful in France where it is the number one moisturising skincare range. Smith & Nephew UK have taken the best of the French range and combined it with products developed specifically for the UK market to create the Nivea Visage skincare collection that we know today.

Within the toiletries market, regime skincare is growing at a rate of plus 20 per cent (value) year on year. Cleansers are showing the most dynamic growth (plus 25 per cent) and are now worth £429m.

Moisturisers are also showing healthy growth (plus 19 per cent) and are worth £99.7m. Astringents are currently worth around £11.9m and are growing rapidly (plus 20 per cent).

Smith & Nephew have positioned Nivea Visage in the premium sector of the toiletries skincare market where the greatest opportunity is offered by brands which appeal to the big spenders on skincare. Through their research Smith & Nephew have identified these consumers as:

Female: Women spend far more on skincare than men (89.2 per cent against 10.8 per cent of total expenditure).

Twenty to thirtysomething: Those in the 25-34 age group spend the most and represent a 23.5 per cent share of the market.

Married: Married women spend more than single and represent a 63.1 per cent share of the market. Housewives benefit from the greatest expenditure on skincare, spending more than those in full or part-time employment and representing 51 per cent of the market.

Upmarket: ABC1 consumers spend the most and represent 59 per cent of the market.

Smith & Nephew's research highlighted the fact that today's skincare consumer is more sophisticated than ever before and that a whole host of factors are involved in the purchasing decision. Smith & Nephew found that women in the 1990s are influenced by:

Product performance — women are now more likely to be aware of the damage caused by environmental stress and the benefits of an effective skincare regime

Fashion — the appeal of "natural" beauty has never been stronger. Women are looking for products which are "high tech" to help them achieve a more flawless complexion which will look good without too much make-up but which won't conflict with the '90s "new age" return to all things natural.

Environmental issues — consumers are likely to prefer products which are not tested on animals

Many years' experience in the skincare market means that Smith & Nephew really understand what makes women tick. To ensure that their information is right up-to-date Smith & Nephew are committed to an on-going research programme. For example, a recently completed study of skincare usage patterns revealed that



The appeal of natural beauty has never been stronger

skincare consumers are:

- Increasingly aware of the benefits of a regular skincare routine and are looking for products which offer additional skincare benefits such as intensive moisturising and aiding cell repair.
- Keen to protect their skin from the effects of the environment. Products containing UVA/UVB sunscreens are proving increasingly popular.
- Cleansing more frequently and using a variety of products for this purpose. Facial washes are showing strong growth and are particularly popular with younger women.
- Moisturising more frequently and purchasing a variety of products to meet specific moisturising needs, for example night care and eye care.
- Prepared to invest additional time and money in an effective skincare regime which offers key perceived benefits such as specialist ingredients and anti-ageing formulations.
- Busy and efficient — they want the best possible results in the minimum of time
- Buying these products for themselves and enjoy browsing and testing products before making their final selection
- Buying a selection of products to suit all their skincare needs — including cleansing, toning, moisturising and intensive care products



Smith & Nephew are investing £4m in advertising and promotional support for the Nivea Visage brand

- Influenced by emotional factors (hope and fear) when making a purchasing decision

Armed with these research findings, Smith & Nephew developed the idea behind Nivea Visage. The aim was to create a comprehensive skincare range that would meet all a woman's skincare needs, be it cleansing, daycare or specialist moisturising. Effective formulations designed to help combat the effects of environmental stress were a key priority and the products also had to suit today's busy lifestyles.

The new product development team set to work with a clear idea of the sort of women they were targeting — intelligent, confident women probably aged between 18 and 45 who want to look their best but who don't want to spend hours in front of the mirror.

These women were aware of the proliferation of brands in the skincare market, but felt that there was "nothing quite right for me". They wanted sophisticated and effective formulations from a brand with a heritage in skincare but they didn't want to pay the earth for unnecessary packaging and technical jargon.

In research, these women responded very positively to Nivea Visage — they liked the look and feel of the products, they understood the product benefits and they wanted to know where they could buy it!

The Nivea Visage range which proved so popular in consumer research consists of eight scientifically developed skincare products all of which maintain the core Nivea brand values of caring, purity and trustworthiness (see table 1).

Packaging for the Nivea Visage range has a fresh feel, created by using blue and silver on a white background with specialist moisturising products packed in elegant white boxes. French and English product descriptions reflect the sophistication of the regime sector, and in keeping with this positioning, the range is priced at between £2.75 and £5.65.

Sales figures for Nivea Visage are already looking extremely positive. Smith & Nephew are investing £4m in advertising and promotional support for the Nivea Visage brand. This spend — the largest in the history of the Nivea brand — includes a £1.6m campaign on national television which focuses on the creative "protect and survive" property of the Nivea Visage brand. It also includes heavyweight advertising in the women's Press and a high-profile public relations campaign.

Michelle Westwood, senior product manager for Nivea Skincare, says: "Nivea Visage represents a new dimension in Nivea skincare which retains the positive values which have made the Nivea brand so successful over the last 70 years. We are confident that Nivea Visage meets the needs of today's skincare consumer and that the strength of the product proposition combined with our investment in advertising and promotional support for the brand will ensure a major opportunity for the chemist trade".

Table 1: The eight products in the Nivea Visage range

	Special Ingredients	Benefits
Cleansing Foaming Facial Wash	D Panthenol	Cleanses, refreshes and moisturises
Refreshing Cleanser Lotion	One-step cleanser/toner containing witch hazel	Cleanses, refreshes, leaves no residue
Eye Make-up remover	Perfume-free	Gentle, effective eye care
Day Care		
Active Day Moisturiser —Normal/oily skin	Joboba oil NMF Vitamin E UVA/UVB sunscreens	Moisturises, protects against sunlight
Active Day Moisturiser —Normal/dry skin		
Moisturising Fluid		
Intensive Moisturising Nourishing Night Cream	Sansanqua oil Macademia oil NMF Vitamin E	Intensive moisturising
Anti Wrinkle Cream	Special restorative formula	Benefits skin cells
	UVA/UVB sunscreens	Protects against sunlight





People who come into the pharmacy looking for a treatment for worms are often embarrassed, and need to be treated with tact. Maggie Maladie has a problem with her small son, Brett

Maggie: "I wonder if you can help me. I think my little boy has worms."

Assistant: "I'm sure we can sort

this out. How old is he?"

"He's just six. He has been complaining of an itchy bottom for a number of days, and when I

investigated I found what looked like threads of cotton on the toilet paper."

"That seems pretty clear then."

"I can't understand it. I keep a very clean house. I can't think where he's picked them up."

"Don't worry. Worms have nothing to do with being dirty, nor are they a sign of poor eating habits. Thousands of people get them every year. He could have picked up the eggs anywhere."

"He doesn't have to have eaten a whole worm then?"

"Not at all. Worms live inside the intestines and only venture out through the back passage at night to lay eggs in the skin folds. The itching this causes makes a person scratch, and dislodged eggs are carried to the next host by the fingernails."

"Does this mean we might all need treatment?"

"We would normally recommend it, because it will remove any harbour of infection within the family at a stroke."

"What about the dog? I suppose Brett could have caught these worms from an animal?"

"No, that's not possible.

Threadworms are a human parasite only, and do not live in

animals."

"What sort of treatments are there?"

"There are two basic types now. Piperazine has been around for a number of years and is available over the counter in Pripsen and Ectodyne. Pripsen is a combination of piperazine with senna — the piperazine paralyses the worms and the senna helps to remove them from the body. A second treatment 14 days later takes care of any eggs that may have escaped the first dose. Mebendazole has only just been made available without a prescription. It cuts off the worm's energy supply so it drop off the bowel wall. We sell it as Orev. You need take just one tablet as a one-off dose."

"And is there anything else we should be doing?"

"It's best to add in a few extra hygiene measures until you're all clear. Hands should be washed after going to the toilet, preferably with a nailbrush. And Brett's bottom should be washed in the morning to remove any eggs. Change his underwear and nightclothes frequently too. A towel for each person in the family is a good idea."

Further information

Threadworms are white, about half an inch long worms that live in the bowel. They are usually "caught" as eggs under the fingernails and then taken in with food. After being swallowed, the eggs hatch in the small intestine and the young worms attach themselves to the lower bowel and grow into adult worms. A few weeks later, female worms are ready to lay eggs. They move out of the body through the anus, at night, and lay eggs on the skin around it.

It has been estimated that 40 per cent of all children will have suffered from a threadworm infection before they are ten. Threadworms are essentially harmless, and while sufferers may be embarrassed to admit to harbouring such nasties, they might take comfort from the fact that pharmacies will sell threadworm treatments to over one million customers this year.

Most infections are symptomless. The only symptom anyway is the itchy bottom complained of by young Brett. It is likely to be worse at night. Intense itching may cause the sufferer to scratch so much as to break the skin, when infection is possible. If this has happened refer the customer to your pharmacist.

Confirmation of threadworms usually comes by spotting them moving in the stools. Parents who suspect a child has worms should check the child's bottom at night, for it is then that the worms appear to lay their eggs.

All worm treatments are Pharmacy medicines, which means your pharmacist must be aware they are being sold.

Other worms

Roundworms are the second most common worm to infect humans in Britain. They grow up to nine inches long and in a serious infection will cause stomach pains. Infections with roundworms respond to the same treatments as threadworms, though the dosage schedule may be different. Customers should follow carefully the instructions on each pack. Very rare now are tapeworms, which are usually caught from undercooked meat, particularly pork and beef.

In other countries, particularly in the Tropics, worms are a real menace. If a customer complaining of a worm infection says they have recently been abroad, inform your pharmacist.

A T L A S T !

**A MODERN ANSWER
to THREADWORM**

E F F E C T I V E • E A S Y

JANSSSEN PHARMACY DIVISION
Janssen Pharmaceutical Limited, Grove, Wantage, Oxon OX12 0DQ

Over the counter threadworm treatments

Name	Ingredients	Lower age limit	Dose schedule
Antepar	piperazine		Daily for 7 days
Ectodyne	piperazine		Daily for 7 days
Pripsen	piperazine, senna	3 months old	Twice, at 14 day intervals
Orev	mebendazole	2 years	Once

SHOW CASE



Vaporizer goes electric

For over 80 years, Wright's Vaporizer has provided relief from the congestion of coughs and colds. Now the candle format is out in favour of an up-to-date electric version **£17.99**, which is safer too. Replacement fluid **£2.65** and blocks **£1.93** can be purchased separately. Packaging has been redesigned with modern graphics, though the sleeping child is retained.

Customers who already have a candle unit can get an electric one at half price on return of the old unit to their pharmacy. Details of the offer are available on a leaflet from LRC. The company plans to spend 500,000 on advertising, and point of sale material is available. LRC Products. Tel: 081-527 2377



Old Spice Sensitive for irritable men

Research shows 71% of men — and 84% of 18-34s — find shaving a major cause of skin irritation. Procter & Gamble's answer? Old Spice Sensitive, six high performance shaving, after shave and deodorant products. The range includes shaving gel 150ml **£2.29**, shaving foam 200ml **£1.99**, after shave skin conditioner 100ml **£4.99**, after shave lotion 150ml **£5.99**, low alcohol deodorant spray 150ml **£1.99**, and alcohol-free roll-on 50ml **£1.49**.

Packaging follows traditional Old Spice red. Sensitive is distinguished by a green band, a "Sensitive" logo and "added lubricants" at the base front. A TV commercial will run alongside the new one for the standard range.

Procter & Gamble (Health & Beauty Care). Tel: 0784 434422



Three point Sanatogen plan

The Sanatogen multivitamin range will benefit this Autumn from new packaging, advertising support and new point of sale material. The repackage sees bolder, more colourful graphics with extra on-pack information, while a £3 million "Do you feel all right" TV and women's Press campaign is in full swing. New PoS material will prompt recall of the advertising in store.

Fisons Consumer Health. Tel: 0509 611001

Derbac-C new lotion format

Derbac-C, International Laboratories' carbaryl-containing head lice treatment is now available as an aqueous-based lotion 50ml **£2.07**, 200ml family pack (four heads) **£4.96**.

The company says the P licensed product has been shown in trials to achieve a 100% lice and egg kill rate. It can be used by the whole family, including asthmatics and people with sensitive or damaged skin, for whom alcohol-based lotions are not recommended.

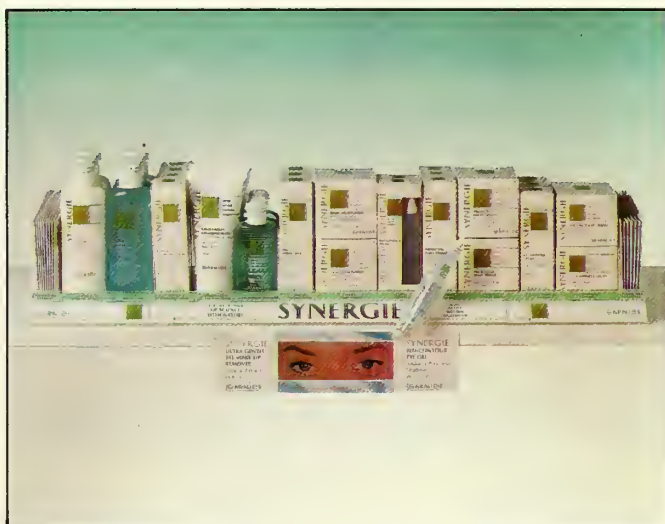
New posters and leaflets giving advice on identifying, treating and eradicating headlice are available.

International Laboratories. Tel: 061-945 4161

Speedier VapoSyrup

Procter & Gamble say the Vicks VapoSyrup range is a major innovation in cough syrup technology, soothing coughs in as little as 5 minutes, instead of the 30-45 minutes of conventional cough syrups. A thixotropic polyol formulation coats the cough receptors on swallowing to provide rapid relief which lasts for 45 minutes, by which time the active ingredients have been absorbed.

The four Vicks VapoSyrups are: chesty cough (containing guaiphenesin) is GSL; dry cough (with dextromethorphan), and their "with nasal congestion" double (both with phenylpropanolamine) are P medicines. P&G say VapoSyrups will be supported by the largest-ever TV spend on a cough medicine launch — £2.5 million. Procter & Gamble (Health & Beauty Care). Tel: 0784 434422.



Synergie looks after eyes

Synergie's two latest additions have been designed with eyes in mind. Fragrance-free hypo-allergenic Bio-contour gel 15ml tube with applicator **£5.99** uses liquid crystals to carry vitamin E into the skin, plant extracts, collagen and amino acids are said to nourish, and moisturising agents to prevent dehydration.

Ultra gentle eye make-up remover 100ml **£2.99** contains soothing allantoin and extract of rose. Also hypo-allergenic, it is balanced to the pH of tears. Trial sizes of both products are available, along with shelf talkers and tester holders, while the whole range is currently being advertised in the women's Press.

Laboratoires Garnier. Tel: 071-937 5454



Daily defence against UV

Those harmful UV rays are the target for the latest addition to the Vaseline Intensive Care range. UV Daily Defence Lotion is an all-over body lotion which gives protection against UVA and UVB while moisturising the skin. The move into the UK follows successful launches in the USA and Japan.

The hypoallergenic lotion 75ml tube **£1.29**, 250ml bottle **£3.25**, rated at SPF4, is lightly fragranced and is said to leave no greasy after-feel. The launch will be supported by a £1.35 million television and Press campaign.

Elida Gibbs. Tel: 071-486 1200

Aspro boosted by Paraclear

Nicholas have relaunched Aspro and brought Paraclear into the fold as Aspro Paraclear and Aspro Paraclear Junior. All four variants have a bolder, up-to-date appearance with emphasis on the Aspro name and the dissolving qualities of the products with "fast pain relief" prominent on the pack front.

Nicholas Laboratories. Tel: 0707 328128



Insignia adds Olympian

Insignia, number two in the male mass market fragrance market now has its own number two — a second co-ordinated range. Insignia Olympian, with its new fragrance, will be backed by one of the biggest launch support packages ever for a male toiletries brand.

Research shows young men are looking for a choice of fragrances within a range they feel confident about using, and the Olympian fragrance is designed to appeal to sporty, active types. Packaging retains the mark of Insignia, but in dark green and black. Prices match Insignia original. Pre-Christmas advertising will be backed by 3 million door-to-door samples.

Procter & Gamble (Health & Beauty Care). Tel: 0784 434422

Three more for Tixylix

The Tixylix range is now four, as Intercare Products have added three more products to original Tixylix Night-time cough mixture. Tixylix Daytime is a non-drowsy cough linctus, Tixylix Cough & Cold soothes coughs, relieves nasal congestion and clears runny noses — both cough medicines are recommended for the 1-10 age group — while Decongestant Inhalant capsules contain essential oils to ease breathing and aid sleep.

Intercare's biggest ever launch support includes a £750,000 advertising campaign in women's magazines, the mother and baby Press and national newspapers. POS material is available in store. Intercare Products. Tel: 0734 790345



Mentadent P mouthwash

Elida Gibbs have completed their Gum Health System with the launch of Mentadent P Gum Health mouthwash 300ml **£2.19**. Available in original and mint flavours, the mouthwash combines zinc and sodium fluoride. It is packaged in tamper-evident bottles with a dispenser device. With Mentadent P Gum Health Formula toothpaste and the professional toothbrush, customers are now being offered "the first truly complementary gum health system" say makers Elida Gibbs, who are putting £4.2 million behind the system throughout the year.

Elida Gibbs. Tel: 071-486 1200



Seven Seas a tonic

Seven Seas' new vitamin and mineral tonic 300ml **£2.89**, 500ml **£3.99** is a licensed medicine which can be recommended to build up vitality after illness, restore appetite or relieve tiredness and listlessness. It contains vitamins A and D, plus iron, calcium and potassium glycerophosphates and two trace minerals in an orange extract base. The pack design is carried into the £250,000 Press advertising campaign running from October through to January, the peak tonic sales period. Seven Seas Health Care. Tel: 0482 75234

COUNTERVIEW

BY VERITY

Verity is a real-life pharmacy assistant working full-time in a pharmacy somewhere in the UK, writing about her job as she sees it.



If you couldn't already tell by the increased traffic on the way to work, it was obvious from sales of certain items that the schools were open again after the long Summer break. Yes, we're selling nit-potions and anthelmintics (wormers) by the score once again. And as the warm weather broke, suddenly, as if by magic, we were able to obtain fly killers after a Summer of scarcity.

Any assistant worth her salt, though, will be honing up those muscles in preparation for those dreaded Christmas specials to arrive. The fragrance, cosmetic and toiletry companies, desperate to secure sales in the current financial climate, are offering earlier than ever deliveries, some with the incentive of extended credit for our bosses, so we have to cope sooner than we'd imagined with the usual seasonal problem — where to put that stock?

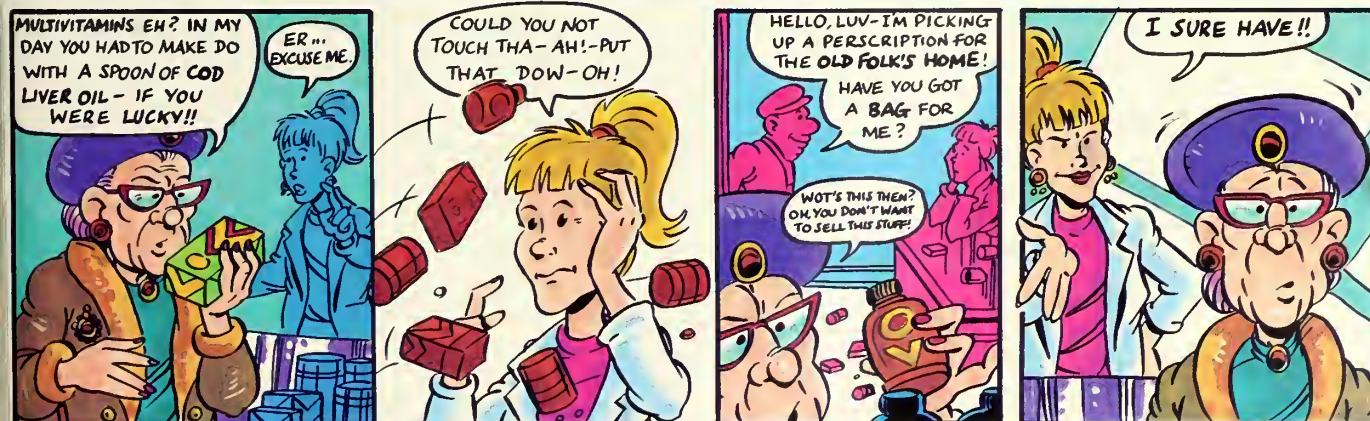
At least we got some compensation from casting our eyes into the dispensary to see the pharmacist desperately trying to close the fridge door after receiving the delivery of flu jabs for the local surgery.

He's a bit disappointed not to have quite so many this year. It seems some of the doctors have negotiated a larger discount in buying direct from the manufacturers.

This brings me to a bit of research you can help me with. Have you noticed how in the cooler months you appreciate that afternoon warming cuppa? At fear of sounding like the local shop steward, I wonder how many of us are actually allowed a "break", especially when working on during evening rota, or on the late opening so many of us are doing now. From my experience the answer will be not many, but I'd be pleasantly surprised to find out I'm wrong. Whatever breaks you get, let me know by writing to me c/o The Editor, *Over the Counter*, Chemist & Druggist, Sovereign Way, Tonbridge, Kent TN9 1RW. I'll give you the results in a couple of months. Just for the record, at our shop we are allowed as many cuppas as we like, providing we carry out our duties, especially if we are working between 4pm and 7pm, when we are actually entitled to a statutory break of half an hour for "tea".

MEANWHILE...

by Andy



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Lyclear Creme Rinse Prescribing Information

Presentation Each 59ml bottle of Lyclear contains 1% w/w permethrin plus 20% w/w isopropanol in a creme-rinse base. **Uses** For the treatment of head louse (*Pediculus humanus capitis*) infections. **Dosage and Administration** *Adults and children over 2 years:* Shampoo hair as normal, rinse and towel dry. Shake the bottle thoroughly and apply enough Lyclear to saturate the hair and scalp. Leave on the hair for 10 minutes, then rinse thoroughly with water and dry in the usual way. **Contra-indications, warnings, etc.** *Contra-indications:* Hypersensitivity to permethrins, other synthetic pyrethroids, pyrethrins or chrysanthemums. **Precautions:** For external use only. Wear gloves for multiple applications. Only use in children under 2 years under medical supervision. Use in pregnancy only if potential benefit outweighs the possibility of unknown risks. **Side- and adverse effects:** Adverse reactions are infrequent, mild and transitory, and are usually also symptoms of head louse infection. **Basic NHS Cost:** £1.68. Legal Category [P] PL3/0252. Further information available on request. **The Wellcome Foundation Ltd.,** Crewe, Cheshire CW1 1UB. Lyclear is a Trade mark.



Wellcome

LYCLEAR

Permethrin

A single 10-minute treatment for head lice.



*99% overall cure rate after one week.

Eradicating head lice hasn't always been easy or pleasant. But now Wellcome can offer you Lyclear Cream Rinse.

Based on the tried-and-tested permethrin compound, Lyclear is highly effective as a single application creme rinse, and used as easily as a normal hair conditioner.

In fact, just one ten minute Lyclear treatment is sufficient to kill lice and eggs, with the comparative effectiveness of either a 2 or 12 hour malathion application. What's more, Lyclear's strong residual capacity can protect against reinfection for as long as 6 weeks after use.



Although highly effective, Lyclear has a pleasant smell, is unlikely to cause eye irritation, has low potential for toxicity or allergic reactions, and is biodegradable.

With its recognised cosmetic advantages together with its proven clinical potency, Lyclear is an ideal head lice treatment for every member of the family.

Lyclear is a head lice treatment you can confidently recommend to be quick, effective, and pleasant to use.

LYCLEAR

C r e m e R i n s e

Kills head lice in just one 10-minute application.